

Chemist & Druggist

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FEBRUARY 1 1975 THE NEWSWEEKLY FOR PHARMACY

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R. G. Worby
resigns from
the JIC

Multi-rate
VAT records
'horrify' NPU

Pharmacists'
advice: NI
survey result

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Chemist & Druggist

The newsweekly for pharmacy

1 February 1975 Vol. 203 No. 4949

116th year of publication

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Comment

The small voice

Not for the first time, Mr R. G. Worby has taken "unilateral" action on a matter of pharmaceutical principle. Six months ago it was over oxygen prescriptions, which he demanded should be marked "urgent" before he would dispense them (*C&D*, July 27, 1974, p 110). Now it is resignation from the employers' side of the National Joint Industrial Council for Retail Pharmacy (p 123).

The object of Mr Worby's ire is the latest JIC award to pharmacists and assistants which he regards as unjust to the smaller pharmacy proprietor, particularly in the way it leaves him to go "cap in hand" to the JIC if he cannot afford to pay the stipulated rates.

C&D is already on record as considering the new rates absolute minima rather than excessive, so we could only support Mr Worby in respect of cases — rare, we would hope — in which it was to the mutual advantage of employer and employed for a lower rate to be paid. Rural areas in which the pharmacy is only marginally profitable and where the employee would be faced with an unreasonable journey to obtain other work might be a case in point.

But the present system of NHS remuneration is geared to reimburse pharmacists generally for rates paid to staff, and the new contract proposals seek to improve the distribution of the money to those who pay it out. That, surely, should be the aim — not a "licence" to employ cut-price staff.

Mr Worby, in his Bristol address, explained his resignation from the JIC in the following words, having pointed out that he was the one "small" pharmacist among the ten on the employers' side: "It just isn't any good when you represent an unheeded minority in your own team, and I would not wish it to be believed, when the agreement is circulated, that I was in any sense party to it". But it is *because* Mr Worby is a "small" pharmacist that his presence is vital — on JIC, on the Central Contractors Committee (where things also go the way of the bigger business), on the NPU Executive.

He has made his point and has shown publicly where differences of opinion lie within the JIC. That in itself is a worthwhile exercise, and it might be argued that there would be less unrest in pharmacy if the principle of "collective responsibility" was breached more often — in the Society's Council, NPU Executive, Contractors Committee, etc — to blur the "them" and "us" barrier between elected and electors.

But this is no time for the "small" pharmacist to lose that foothold in the corridors of power that Mr Worby's presence can represent. We urge him to reconsider his resignation — and to seek means by which others may be led to join him, thus establishing a better balance in chemists' representative bodies.

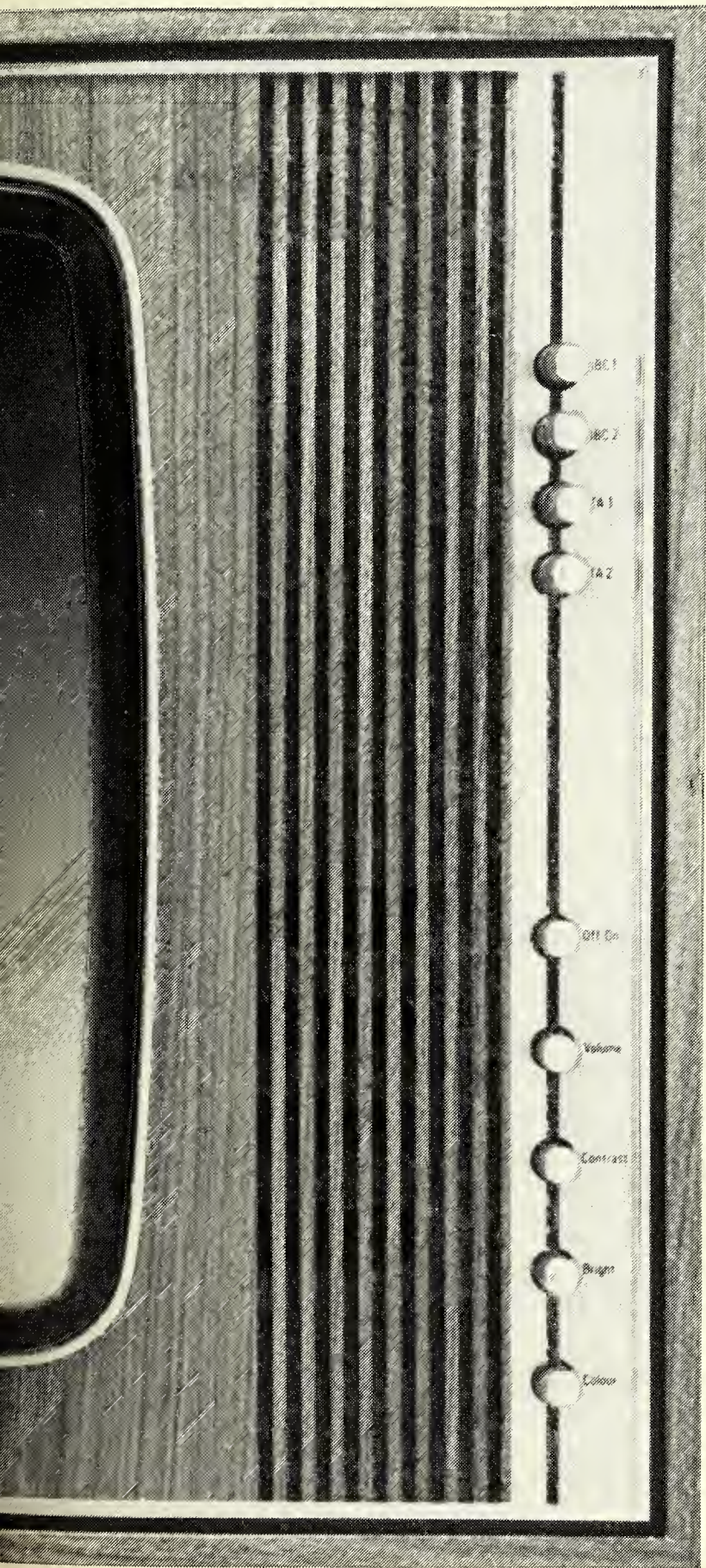
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JIC member resigns over pay award

Mr R. G. Worby has resigned from the National Joint Industrial Council for Retail Pharmacy as a result of the recent pay award (*C&D*, December 21/28, 1974, p 830), which he considers fails to take account of the interests of the small pharmacy. He blames the award on the predominance on the JIC of multiple and large pharmacy representatives. Although the resignation was made known to the Council when it concluded the agreement in November, it was made "public" for the first time when Mr Worby addressed Bristol NPU branch last week.

The background to the award, according to Mr Worby, is that under the "neglected" three-year-old agreement the scale for a 21 year old, possibly completely inexperienced shop assistant (provincial A) stood at £12, whilst in reality few indeed were receiving less than £17, and most small pharmacies were paying £19. "But the big main street pharmacies — and in particular by official agreements with their staff organisations, the major multiples and Co-ops — were paying £25.50!" Up-dating by indices for inflation, produced a new rate of £20.50, "itself something of a shock in store for many small neighbourhood pharmacies — an already inflationary position to be defended if at all possible."

But representing the small pharmacy employers were ten men. Five were multiple pharmacy negotiators already committed to £25.50 plus, one small private multiple pharmacist (Mr Urwin, on record as saying that "anyone who could not pay £22.50 (£23.00 in London) to a 21 year old assistant shouldn't be in business") two private pharmacists with large businesses already paying almost the multiple rate, plus Mr Worby and Mr Wright, NPU director.

Mr Worby said that this constitution was not "rigged", it was just that the small man was so trammelled by his fight to stay in existence that he seldom ever voted and virtually never stood for election. Thus his fate was left in the hands of others whose interests and attitudes were different.

Relief clause

Mr Worby went on: "Needless to say, the Union did not submit a claim based on a straight up-date of the previous scale. They asked £25, but came straight back at £22.50 at first refusal. We had a carefully worded relief clause which would entitle contractors turning over less than £30,000 pa to go 15 per cent below the JIC rate — but the principle was not to the liking of the Union side.

"Our approach from this point should have been firstly to seek a compromise twixt the two positions, and secondly the acceptance of our relief clause. But no.

The £22.50 was agreed without so much as a snort — no haggle — no conditional relief clause. The letter was left for subsequent discussion of mutually acceptable wording between the Union leader and our chairman, each with one member. In the ensuing atmosphere of goodwill, the new definition of dispensing assistants went through without a murmur — so that the large dispensing businesses and multiples can use counter staff in their dispensaries at counter rates — which is a boon to them, but no consolation whatever to the small pharmacy.

"The inevitable result was that the relief subsequently agreed is certainly *not* 'as of right' — it is subject to application rather than notification, to explanation of reasons for financial problems rather than a set level-of-turnover declaration — and if permission to pay not 15 per cent but *up to* 15 per cent less is granted, then you come back next year, same cap in hand to see if you can get further extension! And if the official record of that subsequent meeting is to be believed, these 'concessions', which utterly devalue the clause, were actually suggested by the employers side." (Further report, p 147.)

Taxation threat to the family business—NPU

The family business of today is likely to die with its owners if capital transfer tax is introduced in the anticipated form. Mr J. Wright, director of the NPU Group, suggests this week in a letter to the *Financial Times*.

Mr Wright is concerned that the issue of pension contributions may act as a "smoke screen" for other proposals that could cause even greater harm to small businesses and the self-employed. Few people would be foolish enough to predict a rosy future for the self-employed under a CTT system, he says, and the wealth tax envisaged would also increase the rate of demise among small businesses, since it was intended to operate on "wealth" on a level not much higher than possession of a modest home and equally modest business assets.

In respect of the proposed surcharge on self-employed National Insurance contributions, Mr Wright points out that little has been said of the 8½ per cent added to the wages bill by employers, many of whom are self-employed. "Those who are not self-employed but employ others are doubly disadvantaged in that they not only have to meet the employer's costs, but have to make the greater contribution also in respect of themselves."

Mr Wright says it is clear that the self-employed are becoming aggressively aware of the "oppressive nature" of the

legislative proposals and he outlines the function of the trade organisations in protecting their members against such "slings and arrows". He points out that 30 specialist trade associations are grouped as a committee of the National Chamber of Trade as the "National Allied Societies" to present a representative view to government and Parliament.

Mr Wright advises any persons likely to be affected by legislation to join their local Chamber and their own trade association. "Between us, we can truly represent the interests of the trading communities, both locally and nationally."

Warning on side effects with practolol

The Committee on Safety of Medicines has issued a notice warning of adverse effects on the eye following practolol use.

By the end of 1974, 187 such reports had been received. Two-thirds described diminished tear secretion and conjunctivitis, and the remainder, corneal damage leading on occasion to impairment or loss of vision. These effects have been noted in patients receiving practolol for periods ranging from a few weeks to several years.

The notice continues: "There are also several hundred reports of psoriasiform or hyperkeratotic skin reactions and 25 patients have complained of deafness. Fourteen patients have developed a syndrome resembling systemic lupus erythematosus and 8 have developed an unusual form of sclerosing peritonitis. Half the patients with eye changes had a rash and in others these adverse reactions were multiple. The mild eye changes and the majority of skin reactions usually recover when practolol has been withdrawn, but the outcome with corneal involvement is less certain and the damage may be irreversible. In some patients it has been reported that the abrupt cessation of practolol may lead to worsening of angina and to cardiac arrhythmia.

On the basis of reports to the Committee over 10 years, it seems unlikely that similar changes occur even after prolonged treatment with propranolol, but it is too early to comment on the more recently marketed beta-blocking agents.

In view of the serious and unusual nature of these reactions patients who need to continue to receive long-term treatment with practolol should be carefully observed with a view to the early detection of adverse reactions."

Bomb explosion at Morson's chemical works

In a series of five bomb explosions in the Greater London area on Monday night one occurred at the works of Thomas Morson & Son Ltd, Wharf Road, Enfield, Middlesex. Apart from glass that was shattered in an outside building where the bomb had been placed there was little damage done. The factory's production, all of which is now taken up by Morson's parent company, Merck Sharp & Dohme Ltd, was back to normal by Tuesday evening. The explosions were the work of one gang and typical of the IRA, said Scotland Yard.

Multi-rate VAT records: proposals 'horrify' NPU

The National Pharmaceutical Union, "horrified" by multi-rate VAT records, is to launch a vigorous campaign against such new "retail schemes" said to be due to be introduced in the Spring.

A special meeting of the NPU's Executive Committee on Monday heard reports of six meetings which had taken place between NPU representatives and senior officials of the Department of Customs and Excise. The meetings considered how retail pharmacists might be given as wide a choice as possible of new "retail schemes" planned for the spring.

As a result of the meetings it had been possible to prepare such draft accounting documents pharmacists would need in order to deal with with multiple rates of VAT. The committee was "horrified" at the complexity of some of the calculations and the details of the records that would be required — one document for recording invoices had no fewer than 12 columns and another had provision for the recording of 32 different totals.

The Committee resolved that every effort should be made to protect NPU members from what could only be regarded as "an intolerable, unproductive, unpaid burden of extra work" and decided to launch a major political campaign against it. Details of the campaign are to be announced shortly, but will probably include:—

Further direct approaches by NPU members to their Member of Parliament;
 Maximum possible pressure from NPU headquarters on the Government in general and Treasury ministers in particular;

A public petition to Parliament — members will be asked to collect signatures from customers in their pharmacies;
 Full co-operation with other pharmaceutical and retail organisations.

An NPU spokesman said after the meeting "Mallinson House will provide every assistance; the Executive Committee will give the lead, but this is our members' chance to show how strongly they feel."

CD cabinets criticised in radio interview

Pharmacists are not satisfied with the specifications for Controlled Drugs cabinets, Mr J. A. Goulding, NPU Press officer, said in a radio interview last week. He was appearing on London Broadcasting's "Newsday" programme following an NPU assertion in national Press reports that the cabinets were "aiding drug thieves".

Mr Goulding said the NPU was "anxious that the pharmacist should be allowed to do what has already happened in America — have the choice of keeping

the drugs throughout the pharmacy as he did before, so that they were not together in one readily identifiable place.

Would it be simpler to get a stronger safe? "It might, but these are extremely costly. One of the ridiculous points of the new requirements is that even existing very heavy safes that have been used by pharmacists in the past have not been accepted as being suitable for the storage of these drugs."

The interviewer quoted a London chemist as saying he was of a mind to put a notice on his cabinet saying "Your drugs are in here — please do not damage anything else". Mr Goulding explained that where a cabinet is installed, it is less expensive for the pharmacist to indicate where the drugs are to prevent other damage, "but this is not in the interests of the safety of the public".

Business rents standstill Orders end this week

The general statutory standstill on business rents under the Counter-Inflation Orders is to end on Saturday, February 1.

The Counter-Inflation (Business Rents) (Decontrol) Order 1975 published last week (HM Stationery Office, SI 1975 No 21, 8p) ends the standstill on rents, under business and superior tenancies, imposed or continued by the Counter-Inflation (Business Rents) Order 1973 and the Counter-Inflation (Business Rents) Order 1974. It applies to the whole of the UK.

However the rents standstill will continue in certain circumstances:— in the case of a business tenancy subsisting on

Television boost for new safety closure

A new range of plastic vials with child-resistant closures is to be generally available through wholesalers within a few weeks. It was shown on BBC's "Tomorrow's World" last week.

Cope Allman Plastics Ltd, Fitzherbert Road, Farlington, Portsmouth, Hants PO6 1SD, are to market the Snap Safe range of vials in 15, 30, 60 and 120cc sizes. The cap, it is claimed, can only be removed when two arrows—one embossed on the side of the vial, the other on the cap—are aligned, although the cap can be put back on in any position. Instructions for removal are also embossed on the cap. The company are also working to modify the neck on their plastic tablet bottle range, which is marketed through Wellcome Consumer Division, Crewe Hall, Crewe, Cheshire, to accept the new closure, and hopes to produce a range of three sizes by March with the full range in April.

A spokesman for Cope Allman told *C&D* that the Snap Safe closure had been

developed in America where it had passed the Food and Drug Administration's test for child resistance. It had not been tested in Britain but the makers hoped it might be accepted in the UK as the British Standards Institution's draft for development was similar to the US test.

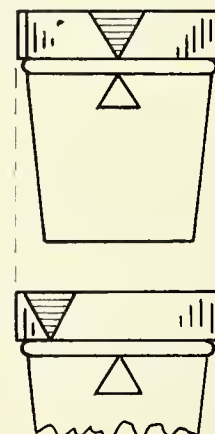
Scottish contractors to get 90 per cent advances

The level of remuneration advances made to Scottish chemist contractors is to be raised to 90 per cent of the average over the preceding 12 months. This follows agreement between the Pharmaceutical General Council (Scotland) and the Scottish Home and Health Department.

The new arrangements come into force April 1, and are to be reviewed annually. In the meantime, chemists already in receipt of advances may have them increased to 90 per cent of current values if they apply to their health board. The Department says that those chemists who do not wish to make individual applications at once will not prejudice their rights to future 90 per cent advances. In circumstances where the preceding year's remuneration did not reflect the normal remuneration eg because of opening a new business, irregular monthly remuneration, the health board should approach the Department to determine the level of the advance.

Container allowance up

The Department of Health has agreed that the container allowance shall be increased to 1.55p for all prescriptions dispensed on and after December 1, 1974.



The Snap Safe closure: (top) to open (below) closed

More help for ailing pharmacies?

The Association of Metropolitan Authorities is renewing its attempts to persuade the Department of Health to give more assistance to pharmacies which are being forced out of business.

The Association recently expressed concern to the Department about pharmacy closures but was told there was no evidence that patients were experiencing any great difficulty (*C&D*, December 21/28, 1974, p 831). It was pointed out at a meeting of the Association's planning and transportation committee last week that certain pharmacies were becoming less viable as a result of doctors moving into health centres and competition from supermarkets, and that subsidies available to small pharmacies were inadequate.

A spokesman for the Association told *C&D* that they were seeking a meeting with the Department to put forward the above points. Members were concerned about closures in areas besides London, Wolverhampton for example.

There were several difficulties in changing planning legislation concerning shops, he said, and the committee was seeking working definitions which would describe the type of shops suitable for control. One member had pointed out that although planning powers could be used to stop certain shops opening, no such legislation could make people open shops which would be unviable.

□ Members at a public meeting held in London last week by the Save our Local Shops pressure group (*C&D*, January 25, p 93) agreed that pharmacies were a "very strong case" for protection, according to a spokesman.

MP calls for ban on chlorodyne product

Mr Norman Lamont, MP, last week called for a ban on the sale off prescription of "a proprietary mixture containing chloridine (sic)" the details of which he had supplied to the Department of Health.

In a written Commons reply, Dr David Owen, Minister of State, Department of Health, said the preparation contained "certain ingredients" which were below the present levels at which sale was restricted to prescription only. The Medicines Commission had recently proposed a lowering of the level in the case of one of the ingredients, and whether implementation of the recommendation would result in a restriction of the sale of the product depended upon whether the formulation was changed.

Answering other questions from Mr Lamont, Dr Owen stated that there was

evidence of some misuse of proprietary mixtures containing chlorodyne, but the number of people known to be addicted were "very few". The number of times chlorodyne was recorded as used by patients with some drug dependence on admission to psychiatric hospitals in England and Wales was: 1969, 31; 1970, 14; 1971, 19; 1972, 18; 1973, 14.

New Controlled Drugs?

Difenoxin and 4-Bromo-2, 5-dimethoxy- α -methylphenethylamine would be added to Part I of Schedule 2 of the Misuse of Drugs Act 1971 under the Draft Misuse of Drugs Act 1971 (Modification) Order 1975 (HM Stationery Office, 4p). Subject to Parliamentary approval the Order will come into force on May 1.

December closures

There was a net loss of 29 pharmacies to the Pharmaceutical Society's Register during December 1974 when 46 premises closed down and 17 were newly registered. Six of the closures were in London, 32 in the rest of England, three in Scotland and five in Wales. Of the new registrations, two were in London, 11 in the rest of England, three in Scotland and one in Wales.

The December closures bring the net loss of pharmacies in Great Britain for 1974 to 223, the net losses in the different areas being London 29, the rest of England 173, Scotland five, and Wales 16. The biggest loss during the year was 32 in January.

'Group health practices' answer to doctor dispensing

Mr D. Dalglish, a Council member of the Pharmaceutical Society, has suggested the setting up of group health practices as a way of settling the rural dispensing doctor issue.

Writing in the doctors' journal *General Practitioner*, Mr Dalglish says that the only problem preventing settlement of the dispute was remuneration — the arguments employed by both professions regarding who could count tablets most efficiently were "fatuous," and they did not consider what the patient actually required — a comprehensive medical and pharmaceutical service.

Horizontal integration of the two professions could be achieved by the creation of group health practices, from which medical, pharmaceutical, nursing, dental and allied professions would work, "thus ensuring comprehensive health services from a central point." Such group practices could then service a number of satellite practices in smaller surrounding communities, providing them with comprehensive medical and pharmaceutical services on a part-time basis.

The proposed group practices "would ensure co-operation of health services at a rural level with the avoidance of bureaucratic interference," continues Mr Dalglish. Pharmaceutical involvement might well extend to managerial, advisory and supervisory roles including the day to day running of the practice, with supervision of ancillary staff, stock and patient record control, and co-ordination of allied professions such as opticians.

Fluoride tablets should be on NHS says report

Countries with a national health service should consider including fluoride tablets as a pharmaceutical benefit, suggests a World Health Organisation report published last week.

The advantages were so striking that when water fluoridation was impracticable, dentists, doctors and child health centres should be encouraged to prescribe tablets or they should be distributed through schools. One survey showed that at age 10, a lifetime's exposure to fluoride tablets produced a 55 per cent reduction in decayed, missing or filled teeth.

Substantial benefits could be obtained by children aged 10 years or over using a fluoride mouth-rinse, the report continues, with the benefit related more to the frequency of rinsing than the strength of solution.

Cost and benefit of fluoride in the prevention of dental caries, by G. N. Davies (HM Stationery Office, £2.95).

Pharmacist struck off

An Ilford pharmacist convicted of drug offences in July 1974 was ordered to be struck off the register by the Statutory Committee of the Pharmaceutical Society in London on Tuesday, Mr Alfred William Turner, 65, of Richmond Road, Ilford, Essex, failed to appear because of ill health for the second time in two months. He has the right of appeal against the Committee's direction.

The pharmacist would advise both the doctor and the patient. Nurses would carry out routine examinations involved in the patients with oral contraceptives and the pharmacist would ascertain that there were no side effects.

Concluding, Mr Dalglish emphasises the importance of OTC sales and counter-prescribing: "For patients dealing with their own minor ailments the pharmacists' role in over-seeing self-medication is of vital importance. The self-care process is essential for the health of the community at large."

□ Dr Owen stated in reply to a written Commons question last week that his Department's policy towards dispensing by doctors in rural areas was that contained in the National Health Service Act 1946.

'No pay' for Scottish dispensing doctors

Scottish doctors practising in rural areas are complaining that they are not getting paid for dispensing.

The Inducement Practitioners Association, representing general practitioners who work in scarcely populated areas of Scotland, says that any profit the doctors make from dispensing is taken from their inducement payment to work in such areas. The Association has appealed to the Scottish Home and Health Department for a review of the pay structure. A spokesman claimed there was no controversy between dispensing doctors and pharmacists in these areas as many of the doctors were up to 25 miles from the nearest pharmacy.

People

Mr E. W. Atkin, MPS, has retired after many years as manager of the Oakham, Leics, branch of Boots Ltd.

Professor E. J. Shellard, Chelsea College School of Pharmacy, is to receive a grant of £3,000 from Pharmaton for research into medicinal plants, with special reference to ginseng.

Mr Douglas Stephenson, BSc, FPS (not Stevenson) is to give the talk on "Surviving Adelphi ironwork" to the Royal Society of Arts study group on February 10 (last week, p98). We apologise for the error.

Deaths

Ballard: On January 16, at the Royal Sussex County Hospital, Brighton, Mr J G. Ballard, aged 62.

Mr Ballard until recently was production director of Arthur H. Cox & Co, Brighton. He served 46 years with the company after joining as a junior clerk. Following war service he was appointed works manager, and in 1953 was elected to the board. A colleague writes: Jack Ballard's ability, integrity and loyalty to the pharmaceutical industry will be missed by both management and staff within the company.

Dow: On January 23, Mr William Dow, MPS, 11 Bridgend View, Carlisle, Lanarks. Mr Dow qualified in 1930.

Dunn: On January 19, Mr Robert Erskine Dunn, MPS, 14 Park Crescent, Edinburgh 9. Mr Dunn qualified in 1924.

News in brief

□ One of the three known copies of the 150 printed of Sir Alexander Fleming's paper "on the antibacterial action of cultures of a penicillium" was bought for £2,800 at Sotheby's last week.

□ Chemist contractors in England dispensed some 20,612,119 prescriptions (12,902,469 forms) during August 1974 at a total cost of £21,565,189 (£1.046 per prescription).

□ Total sales of pharmaceutical chemicals and preparations by the industry in the third quarter of 1974 were valued at £208.55m against £172.17m in the same quarter of 1973.

□ Two men have been sentenced to a total three years imprisonment after pleading guilty to breaking into Savory & Moore Ltd, Mildenhall, Suffolk, and stealing a cabinet of Controlled Drugs (C&D, October 19, p 548).

□ A 91-year-old doctor writing in a recent *Pulse* claims vitamin C is a "wonder drug" which has helped his elderly patients with coronary diseases to live "an extra 8-10 years into the 90s". He also claims 400-500mg of ascorbic acid daily successfully controls cataract.

Topical reflections

BY XRAYSER

Reform

We seem to have reached yet another of the sporadic appearances of revolt against elected bodies, a phenomenon to which we are subjected from time to time, and evermore, as the sage remarked, come out by that same door wherein we went. But we are far from alone in the winter of our discontent. There are electrical engineers; there are doctors; there are printers; there are consultants; there are dustmen; there are transport workers; there are teachers, and others too numerous to mention. And so far as we are concerned, some of us lay the blame on the elected bodies who represent us, either on the Council of the Pharmaceutical Society or that of the National Pharmaceutical Union.

The letters in your correspondence columns calling for "democratic pharmacy" provide such evidence, though it is difficult to discern in what way the constitution of the Pharmaceutical Society is undemocratic. There is a branch system, which has worked reasonably well for fifty years. Each committee representing the branch area is elected in open meeting. Also at open meeting representatives are appointed to an annual meeting to debate resolutions adopted at open meetings of members. There are, in addition, area meetings from time to time. Then there is the annual election of members to the Council, and each member of Council may be called upon to stand before a general meeting to justify the action — or inaction — of the Council. That is the position, and it does not look to me to be undemocratic.

It may be that branch committees are elected by a small percentage of members. It may be that a large proportion of members do not, by their absence, subscribe to the resolutions put forward to Branch Representatives' meetings. It may be — and it is so — that Council members occupy their seats on a vote of only one-third of the electorate. But none of that makes the machine undemocratic. And if those named as possible candidates under the banner of the Campaign for Democratic Pharmacy are successful in their quest, it will still be because of the essentially democratic constitution.

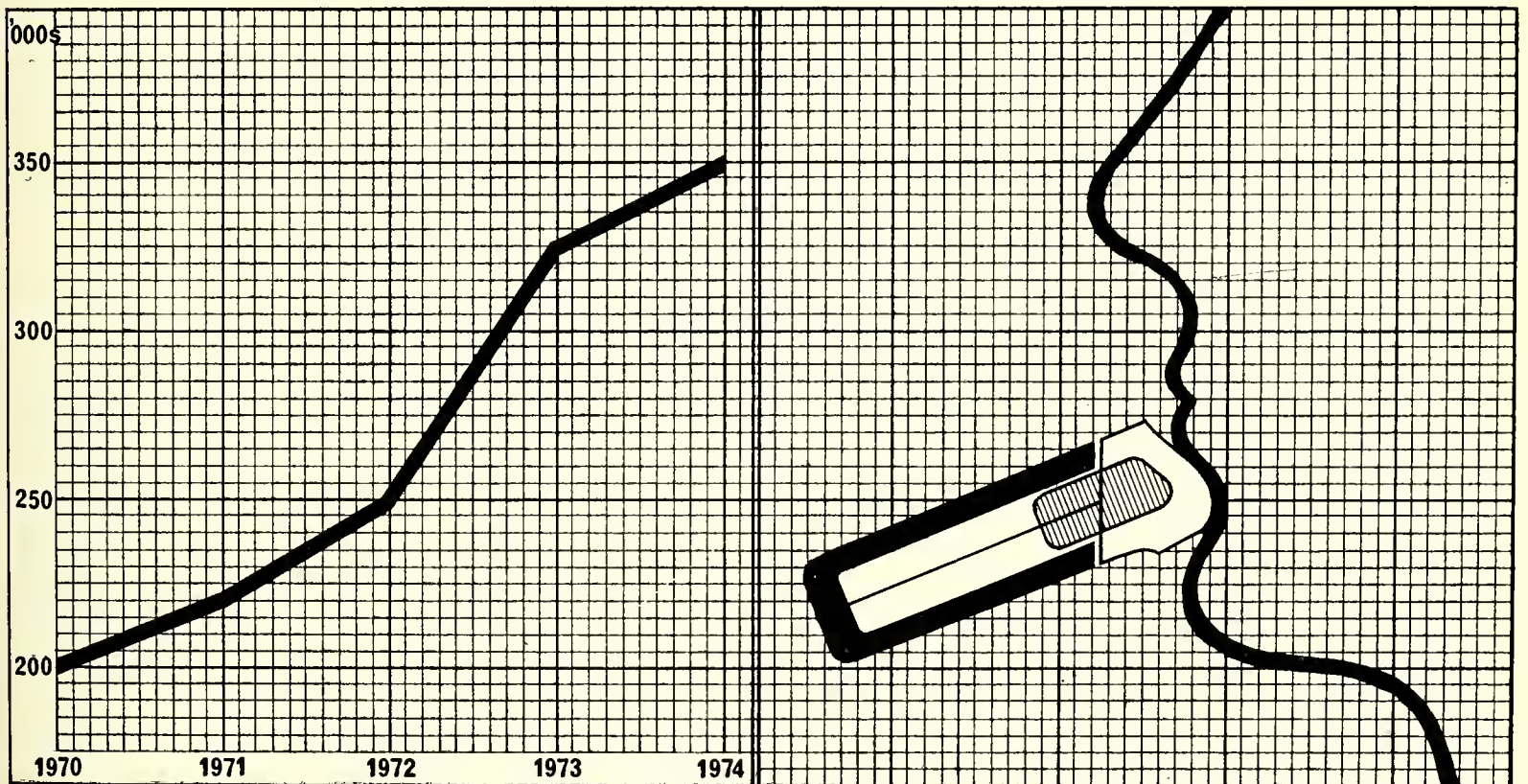
In one of his letters, Mr G. Walker, of Spalding, who appears to be the prime-mover in the campaign, says that steps would be taken to nominate and elect candidates "pledged to put our Society back in the right direction." Does that mean the direction Mr Walker himself wants? But we must await the "manifesto".

Priority

The question remains one of what should have priority in pharmacy. Pharmacists have undergone a long and specialised course of training, some graduating from a university, and others, many of whom would be stigmatised by your correspondent as "approaching or already eligible for the State pension," by apprenticeship in the early stages. All have acquired a qualification which befits them to undertake professional duties and responsibilities and, particularly in the case of many who are as yet far removed from the State pension, at considerable expense to the taxpayer.

Sooner or later, further questions are going to be asked about the pharmacist's rôle in the community. It has always been recognised that his professional responsibilities extend beyond the confines of the dispensing department, and there has been a pattern of "traditional" activities, mostly arising out of small-scale manufacturing in the pharmacy — a situation eventually overtaken by machinery and advertising. What we seem to be faced with is that some have never lost sight of the primary purpose of the course they set themselves when they made pharmacy their career. Others seem to be trying to make themselves indistinguishable from the giant supermarket next door. That does not require a pharmaceutical qualification.

In a growing market, Philips Foil Shaver has the best selling angle.



The national sales-curve

For you as a shrewd businessman, this chart has significance. The market for foil-head shavers has shown an increase of 75% over the past four years. It's worth bearing in mind when you're deciding which shavers to keep in stock. Now read on.

The Philips shaving-angle

As giants in the electric-shaver business, Philips are naturally the best-prepared to help you profit by this development. Only Philips has the angled-head foil shaver, the XTR7. After a number of years on the drawing board, it's been successfully tried and proven.

T.V. advertising this Spring

If you live in London, Scotland or the South, there will be the additional bonus of TV commercials for the Philips Foil Shaver, which will reach 80% of all men in homes with ITV.

An opportunity from every angle

This all adds up to a big opportunity on the Philips Foil Head Shaver. It has the best selling angle on the market. So stock up now to meet demand.

Philips Foil Shaver £15.31. Suggested selling price inc. VAT.



PHILIPS

Simply years ahead

Introducing the first with a really effective

Twice as Lasting Condition Set is one of a whole new range of aerosol hair sets.



Condition Set.

An aerosol hair set with a really effective built in conditioner.

Extra Hold Set.

A spray set for hair that's hard to hold. (Most women think their hair is hard to hold.)

Quickset.

It doesn't need wet hair to work. And it dries in 10 minutes.

Aerosol hair sets are easy to use. They cover the hair more evenly. They're more controllable. And there's absolutely no doubt

that women prefer them.

Over the year, we'll be advertising the whole range. With double page colour spreads in the women's press.

The ads. will be informative and helpful. They show a variety of styles and how to get them. The number and size of rollers needed. Where to put them.

And a thorough explanation of what each of the new spray sets does.

We've introduced three spray-ons because women are getting a lot more choosy about what they put on their hair.

In other words, a spray-on hair set that's absolutely right for one special job has a lot more going for it than just one that's not quite right.

We've always found that by giving the customer what she wants, she'll give you exactly what you want. Her business.

ever spray-on hair set built-in conditioner.

THE TWICE AS LASTING PAGE-CONDITION SET

NOW YOU CAN CONDITION YOUR HAIR PROPERLY WHILE YOU SET IT.

Now, for the first time, you can buy an easy to use, spray on hair set with a proper built in conditioner. It's called Twice as Lasting Condition Set.

Condition Set saves money because you've only got one lotion to buy, not two. Both the set and the conditioner are perfectly matched to each other.

And because it's an aerosol, you can be sure of getting an even application all over.

Simply wash your hair, towel dry, spray Condition Set all over, (you'll find the conditioner helps to ease away tangles), and put in your rollers.

When your hair's thoroughly dry, brush out. You'll have sleek, shiny hair that'll stay beautifully styled.

For hair that's particularly hard to hold, there's Twice as Lasting's new Extra Hold Set which now comes in an easy to use aerosol.

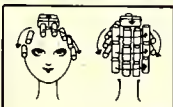
If you have any questions on hair sets or styles, write to: Clare Kendall, 18 Bruton Street, London W1A 1BX.



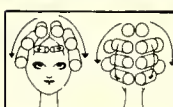
Twice as Lasting's new Condition Set. It sprays. It sets. It conditions.



This style shows off well conditioned hair to its best effect because of the number of glossy, shiny highlights thrown up by the waves and curls. Follow the diagram using Twice as Lasting Condition Set, putting in the side rollers first.



Twice as Lasting Condition Set will help to ensure that the under side of the hair, which is flipped up, looks as glossy and lively as the sleek hair on the crown. Start at the parting, using 15 medium rollers and 7 small rollers.



This style's success depends on rollers being used all over the crown, not just at the ends of the hair. Twice as Lasting Condition Set produces a sleek, shiny emphasis on the tummy unders. Make a middle parting but leave a fringe. Start at the back of the head using six jumbo size rollers, placed in twos parallel down from the crown. Put three jumbo rollers on both sides of the parting. Finally, put two medium rollers in the fringe. Dry your hair thoroughly and brush out.

TWICE AS LASTING

SETS THE STYLE

Twice as Lasting Condition Set is available in 100ml and 200ml sizes. For more information, write to: Clare Kendall, 18 Bruton Street, London W1A 1BX. Tel: 01-253 4444. **6 Poff** TWICE AS LASTING TWICE AS LASTING CONDITION SET SETS THE STYLE

TWICE AS LASTING

SETS THE STYLE



We're looking for six couples to try out Polaroid sunglasses in Jamaica.

One of them could be you.

This year, Polaroid will be running the UK's first ever national sunglass promotion. The Polaroid Jamaica Competition.

It'll run throughout the summer from April to August—and give your customers an even bigger incentive to buy Polaroid sunglasses. As well as all the quality features only Polaroid sunglasses are known for, they'll have a chance to win one of the big prizes we're offering in our Jamaica Competition—and it's open to everybody who buys a pair of Polaroid sunglasses this summer.

Five holidays for two in Jamaica. Twenty holidays for two in Monte Carlo. And lots of Polaroid instant picture cameras for runners up.

But increased sales aren't all there

is in it for you. Because we're offering big trade prizes as well—including another holiday for two in Jamaica for the lucky winner (with £100 of spending money to go with it.)

Polaroid sunglass stockists will be getting further details in March—plus a big package of display materials and promotional pieces. So make sure you're fully stocked with Polaroid sunglasses—there's going to be a big demand.

After all, who doesn't want to win a holiday in Jamaica?

Polaroid Sunglasses

Polaroid is a registered trademark of the Polaroid Corporation, Cambridge, Mass., U.S.A. Polaroid (UK) Ltd., Ashley Road, St. Albans, Herts.

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New products

Over the counter medicinals

Foam haemorrhoids treatment

Cuticura Laboratories Ltd are to introduce Solasil, claimed to be a new concept in the treatment of haemorrhoids (20ml with applicator sponges, £0.67).

Active ingredients are hamamelis liquid extract, almond oil, zinc oxide, camphor and menthol. A few drops of the liquid are squeezed onto an applicator sponge, worked up into a foam and placed on the affected area, morning, evening and after any bowel movement. Drying is said to be rapid, without any staining of clothing.

Solasil will be launched in April, backed by over 150 advertisements in the *Sunday Express*, *Sunday Mirror*, *Sunday People*, *News of the World*, *Daily Mirror*, *Sun*, *Daily Mail* and *Sunday Post* (Cuticura Laboratories Ltd, Clivemont Road, Cordwallis Trading Estate, Maidenhead, Berks).

Oral hygiene

Paediatric fluoride drops

Fluodrops paediatric drops (60ml, £0.60) is the latest addition to the En-dekay range of preventive dental treatment aids from Westone Products Ltd. The daily dose of 10 drops (0.3ml) provides 1.1mg sodium fluoride in an orange-flavoured solution which can be dropped straight into the mouth, given on a spoon or in a non-milk drink. The drops are suitable for infants and children up to two years old in areas where the fluoride content of the water is inadequate. Promotion is through the dental profession (distributors S. S. White Ltd, Middle Mill factory, Mill Street, Kingston-upon-Thames, Surrey).

Sundries

'High energy' drink

Beecham Foods are to launch nationally, through chemist outlets only, a "high energy" drink for sportsmen following a four-month test-market with Boots.

The drink, Dynamo (7fl oz, £0.16) is claimed to improve stamina and aid recovery after exercise. It contains 46 per cent W/V glucose syrup (a hydrolysis product of maize starch) together with mineral salts and fluid. The glucose syrup, which contains more than 70 per cent longer-chain saccharide molecules in addition to glucose, is said to be only one-third as sweet as glucose and one-quarter as sweet as sucrose. Hence it can provide a higher calorific value at maximum palatability, than sucrose or glucose.

The amounts of the mineral salts, added to counter cramps and stiffness by replacing those lost in sweating, are (mg/100ml): sodium 65, potassium 16,



calcium 28, chloride 70, phosphate 40 and glycerophosphate 103.

The calorific value of Dynamo is stated as 280kcal/bottle. Blood sugar levels are said normally to reach a maximum at 15-30 mins after drinking and remain elevated for a further 30 mins.

The current promotion includes advertisements in sports journals, "selective" sponsorship of sporting events, and information kits mailed out to several thousand sports clubs (Beecham Foods, Beecham House, Great West Road, Brentford, Middlesex).

Cosmetics and toiletries

Ambre Solaire extend range

A new sun tan product suitable for dry, sensitive skins has been introduced to the Ambre Solaire range. Ultra Screen (£0.80) is a moisturising sun screen giving almost 50 per cent more protection than any existing Ambre Solaire product, say the makers. It is to be sold only through chemist outlets.

The product comprises a flesh-toned cosmetic cream with a delicate perfume and will be available in a 75cc flacon tube, in keeping with the corporate "image" of the total range.

To launch the product and support the Ambre Solaire range, L'Oreal are planning to spend £250,000 on an advertising campaign this year. There is also point-of-sale material obtainable (L'Oreal, Golden Ltd, Bruton Street, London W1).

Personal Hygiene

Miss Silcot added

The Wellcome consumer division have added a new sanitary towel to their Silcot range—Miss Silcot (£0.22½). Aimed at the young girl, it is smaller in size than Silcot size 1 and comes in flip-top plastic bags of 12, each with a colourful flower design.

The Silcot range has been repackaged to give a brighter, more eye-catching presentation. To help to launch the new product, a 5p-off coupon is currently being offered on packs of Miss Silcot, new Silcot size 1 and new Silcot size 2. Wellcome are offering the trade £1 off the normal trade price per case of Miss Silcot, and there is £3 off an opening order of 3 cases of any size to new retail outlets (Wellcome consumer division, Crewe Hall, Crewe, Ches)



Prescription specialities

GLIBENESE tablets

Manufacturer Pfizer Ltd, Ramsgate Road, Sandwich, Kent CT13 9NJ

Description White oblong tablet, scored transversely, marked Y2 on one side containing glipizide 5mg

Indications Maturity onset, non-ketotic diabetes mellitus not controlled by dietary measures alone

Contraindications Hypersensitivity. Pregnancy. Diabetes complicated by ketoacidosis. Severe renal or hepatic insufficiency, or metabolic decompensation. Juvenile, growth onset or brittle diabetes mellitus

Dosage 5mg daily with breakfast or the mid-day meal. Mildly diabetic and geriatric patients should start on 2.5mg daily. Dosage must be adjusted according to patient's response. Daily dose may be increased by 2.5mg or 5mg every 3 to 5 days until optimal control is achieved. If the daily dose exceeds 10mg it should be given in two parts with the two main meals. Patients requiring daily doses over 20mg may require their dosage in three parts. Maintenance usually between 2.5mg and 30mg daily

Precautions In patients subjected to stress, such as fever, trauma, infection or surgical procedures, it may be necessary temporarily to administer insulin instead of, or in addition to glipizide. Patients with mild impairment of hepatic and/or renal function, and debilitated or malnourished patients, require careful observation and adjustment of dosage to avoid hypoglycaemia. Care in concurrent administration of drugs which may potentiate its hypoglycaemic action, including phenylbutazone, oxyphenbutazone, probenecid, salicylates, sulphonamides, chloramphenicol, coumarins, monoamine oxidase inhibitors and beta-adrenergic blocking agents. Thiazide diuretics may aggravate the diabetic state and alter the

continued on p 132

Prescription specialities

continued from p 131

glipizide dosage required. Close dietary supervision is required during initial stabilisation to avoid hypoglycaemia

Side effects Nausea, epigastric fullness, heartburn, headache

Storage In a cool dry place. Shelf life 2 years

Packs Blister pack of 60 tablets (£2.40, trade)

Supply restrictions PI, S4B

Issued February 1975

MELITASE tablets

Manufacturer Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey GU4 8HE

Description White tablet scored on reverse and marked "Berk 3D4" containing chlorpropamide 100mg. White tablet scored on reverse and marked "Berk 4D4" containing chlorpropamide 250mg

Indications Mild and moderately severe uncomplicated diabetes mellitus where dietary treatment has failed. Its hypoglycaemic effect occurs only when beta cells of the islet tissue in the pancreas retain some functional capacity and it has no effect on glucose tolerance. Valueless in treatment of severe diabetes and its main use is in maturity onset diabetes

Contraindications Diabetic ketosis; diabetes complicated by fever, trauma or gangrene; impaired renal, hepatic or thyroid function

Dosage Initial and maximum dose 500mg, reducing to maintenance level as soon as possible. As 3 days are necessary for blood levels of chlorpropamide to become stable at a particular dosage, changes should not be made at shorter intervals and should be in steps of 50-100mg. Most patients are stabilised on 100-375mg daily. Several weeks may be required to achieve correct level and blood sugar should be monitored where possible and urine tested for glycosuria at least four times daily. Elderly patients should start on half usual dose

Precautions Patients may become intolerant of alcohol. Hypoglycaemic effect may be increased by coumarin derivatives, MAOI's, salicylates and propranolol. White cell count should be performed and repeated in 5 days should infection appear. Should not be used as a substitute for dietary treatment or insulin

Side effects Gastro-intestinal disturbance, jaundice, headache, tinnitus, weakness, paraesthesiae, skin rashes and blood dyscrasias including agranulocytosis, leucopenia, thrombocytopenia have been reported. A prolonged hypoglycaemia may occasionally be produced

Packs 100mg — 500 tablets (£5.94 trade). 250mg — 500 (£13.05)

Supply restrictions PI, S4B

Issued February 1975

PROGYNOVA tablets

Manufacturer Schering Chemicals Ltd, pharmaceutical division, Burgess Hill, Sussex RH15 9NE

Description 2mg — blue, sugar-coated tablet containing oestradiol valerate 2mg. 1mg — yellow, sugar-coated tablet containing oestradiol valerate 1mg

Indications Alleviation of menopausal symptoms. Prophylaxis and treatment of postmenopausal sequelae of oestrogen withdrawal

Contraindications History of carcinoma of the breast or uterus. Fibroids or endometriosis. Mastopathy. Acute and severe chronic liver diseases. History during pregnancy of idiopathic jaundice or severe pruritus. Dubin-Johnson syndrome. Rotor syndrome. Stop treatment if jaundice occurs

Dosage Should always be given cyclically to minimise risk of overstimulation of endometrium, which can lead to uterine bleeding. Initially — 2mg daily for 21 days, followed by an interval of at least 7 days before the next course. Maintenance — 1mg daily may suffice. Longer courses are possible at this dosage, without provoking endometrial bleeding, but preferably no longer than 6 weeks with at least a week's interval between each course

Precautions Gynaecological examinations are advisable every 6 months on long-term treatment. Liver function should be checked every 8-12 weeks in patients with mild chronic liver disease. Climacteric disorders in women who have not stopped menstruating are best treated with a cyclical oestrogen-progestogen combination

Side effects Nausea, headache and bloating are unlikely to occur with physiological replacement-dose. Some women are predisposed to cholestasis during steroid therapy. Vaginal bleeding should always be investigated by a gynaecologist

Storage Cool, dry conditions. Shelf life five years

Packs 2mg — Memo-pack of 21 tablets (£1, trade). 1mg — 21 tablets (£0.70)

Supply restrictions PI, S4B

Issued February 3, 1975

DANTRIUM capsules

Manufacturer Eaton Laboratories, 125 High Holborn, London WC1V 6QX

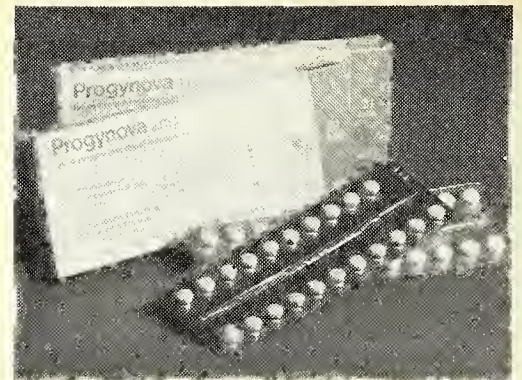
Description Orange/light brown capsule 25mg — marked "Eaton 030" containing dantrolene sodium 25mg. 100mg — marked "Eaton 033" containing dantrolene sodium 100mg

Indications Chronic, severe spasticity resulting from stroke, multiple sclerosis, spinal cord injury and cerebral palsy

Contraindications Where spasticity is utilised to sustain upright posture and balance in locomotion, or to obtain increased function. Hepatic dysfunction. Use in children not approved

Dosage Titrated for individual patients. Beneficial effects may not appear for a few weeks. Recommended scale — first week, 25mg daily; second, 25mg twice daily; third, 50mg twice daily; fourth, 50mg three times daily; fifth, 75mg three times daily; sixth, 75mg four times daily; seventh, 100mg four times daily. Dosage should be reduced then gradually increased if side effects occur. Up to 200mg four times daily may be needed

Precautions In pregnancy, potential benefits must be weighed against possible hazards. Care in impaired pulmonary function, particularly obstructive pulmonary disease, in severely impaired cardiac function due to myocardial



disease, and in liver disease. Liver function tests should be performed in all patients initially and at intervals. Patients should be advised not to drive or undertake potentially dangerous work. Care with concomitant tranquillisers

Side effects Drowsiness, dizziness, weakness, general malaise, fatigue and diarrhoea. Effects generally transient and occur early in treatment

Storage At room temperature in polypropylene, natural or amber polyethylene or amber glass bottles

Packs 25mg — 100 capsules (£4.44 trade). 100mg — 100 (£15.55)

Supply restrictions Recommended on prescription only. May be prescribed by general practitioners, subject to patient monitoring; forms available from company's medical department

Notes Dantrolene sodium relaxes contracted skeletal muscle by acting directly on the contractile mechanism of the muscle fibre itself, beyond the myoneuronal junction and appears to have no effect on peripheral nerve conduction or neuromuscular transmission

ASILONE for infants

Manufacturer Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey GU4 8HE

Description White, blackcurrant-flavoured suspension, each 5ml containing equivalent of polymethylsiloxane 25mg, dried aluminium hydroxide gel 84mg, light magnesium oxide 14mg

Indications Wind pains, "gripes" and regurgitation in infants

Dosage 5ml three to four times daily before or during a feed. In windy colic it may be necessary to continue dosage for 24 hours

Precautions Should not be continued for more than 48 hours without medical advice as symptoms may not be due to intestinal gas

Packs 100ml bottle (£0.37 trade)

Issued February 1975

Ventolin syrup 150ml supplies

Allen & Hanburys Ltd, Bethnal Green, London E2 6LA, regret that there may be an interruption in the supply of Ventolin syrup 150ml owing to a temporary shortage of bottles. Ample stocks of Ventolin syrup 2 litres are available.

Markings on Zactipar

John Wyeth & Brother Ltd, Huntercombe Lane South, Taplow, Maidenhead, Berks, SL6 0PH, say that the present "W" marking on Zactipar tablets is to be replaced by the word "Wyeth". Batches of the newly marked tablets will be released shortly.

How to give away cigars and make money



You know how buoyant Brylcreem sales are at present—but what would you expect of the outright brand leader. Nevertheless, we have had to work hard to keep up with you. Now with this exciting Manikin Cigar offer pushing your sales up even higher—we'll be working harder than ever. But don't worry about that, we'll keep making the Brylcreem—you just keep making the profit.

Free cigars from Brylcreem

**BEECHAM
TOILETRIES**

-sell through faster

BEECHAM PROPRIETARIES, BRENTFORD, MIDDLESEX.

Trade News

Milk of Magnesia commercial

From February 3, Sterling Health Products, Surbiton, Surrey KT6 4PH, begin a new television advertising campaign for Milk of Magnesia tablets. The campaign, which runs for three weeks, features a 15-second commercial and will be seen in all areas. The commercial has the theme: "the strong answer to indigestion" and an emphasis will be placed on the "corporate image" of Sterling Health as makers of "family medicines you can trust".

To support the campaign a new counter display unit that holds three sizes of packs has been introduced. Particular emphasis is placed on the recently introduced box of 30 tablets.

Italian sunglasses exhibited

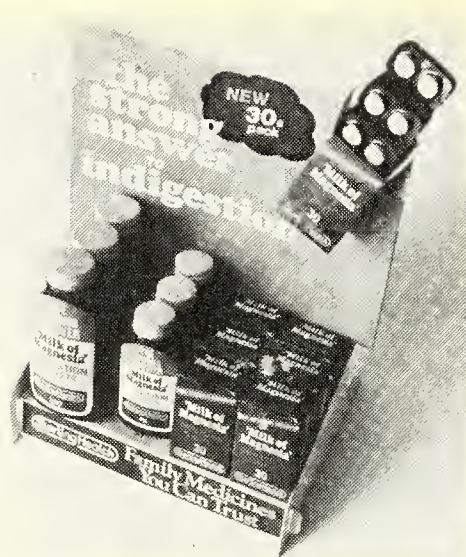
Over 40 Italian manufacturers took part in the third Italian sunglasses and spectacle frames exhibition held last week, at the Italian Trade Centre in London. The exhibits included various types of lenses, accessories, and a high-vacuum lens coating machine by Ascot of Milan, plus spectacle frames and sunglasses.

Italian manufacturers were optimistic: the British market was worth £1.1 million to sunglass manufacturers in 1974 and with better distribution arrangements this year, they are confident that when the rates of duty within the EEC disappear trade with Britain will increase.

Trends evident at the exhibition were soft, muted colours for sunglass frames — dégradé effects were featured by most manufacturers. There was much interest in CR39 and photochromatic lenses—one maker said that over 60 per cent of the Italian sunglass market is now in photochromatic sunglasses. Dégradé lenses that tone with sunglass frames were also strongly featured.

New display inner

A display inner containing 36 packs of Kleenex Chiefs paper handkerchiefs has been introduced by Kimberly-Clark Ltd, Larkfield, Maidstone, Kent. Improvements on previous display inners are, say the makers, that it is more rigid so that it



may be stacked more easily, and it comes sealed—it has a perforated opening which allows it to be used in display. It is available in pairs, shrinkwrapped together in outer corrugated cases of four inners.

Booklet for smokers

In "So now you know about smoking" (£0.15), a new Family Doctor booklet, Dr Alfred Yarrow points out why smokers have "no excuse" for not giving it up. Besides risking their own health they may also be damaging the health of non-smokers, he says, and suggests that "your chemist may be able to help you with a drug called lobeline . . . which some people find useful". The booklet is available to members from the National Pharmaceutical Union, 321 Chase Road, London N14 6JN, or direct from Family Doctor Publications, 47 Chalton Street, London NW1 1HT.

Sombrero re-introduced

Sombrero (£0.35) a sun tan cream made by Care Laboratories Ltd, Badminton Court, Amersham, Bucks, has been re-introduced. The product is now packed in a "sun" design carton and comes in a metal tube. Said to be particularly suited to delicate skins, the cream has a built-in insect repellent.

A bonus of 12 invoiced as 11 is offered by the makers and there is an extra bonus for one gross lots.

Vichy on television

The Vichy range of skin care products is currently being promoted on television in the London area. The commercial features four different European women who "tell their satisfaction with Vichy skin care". Vichy (UK) Ltd, 1 Hay Hill, London W1X 7LF estimate the commercial will reach 80 per cent of all women in the London area who will have over six opportunities to see the commercial.

Smaller size available

Napp Laboratories Ltd, Hill Farm Avenue, Watford, Herts, have discontinued the 100-g tube of Codella hand-cream. The product is now available in the 25-g size only.

Vetric national promotions

Vetric Ltd, are promoting the following products in February: Elnett hairspray; Ingrams brushless lather; Ingrams lather and shaving stick; Harmony shampoo and

hairspray; Vedra; US anti-perspirant and dry powder; Libresse towels; Alberto Balsam conditioner and shampoo; Johnson & Johnson baby dry liners and baby lotion; Macleans toothpaste; Brylcreem; and Vaseline petroleum jelly.

Philips shaver promotion

Philips Electrical Ltd, Century House, Shaftesbury Avenue, London WC2H 8AS, are to feature their foil shaver in a television campaign in the London, Scotland and Southern television regions. The campaign is to begin February 17, and will last four weeks.

February offers from Unichem

Unichem Ltd, Crown House, Morden, Surrey, are featuring the following products on promotion during February: Aspro; Badedas; Cossack; Efferdent; Elastoplast airstrip and stretch fabric; Harmony hairspray; Johnson & Johnson baby-dri liners and powder; Kotex; Kwells; Lil-Lets; Listerine; Nivea sun products; Paddi Pads; Pearl Drops; Rennies; SR; Sure; Vaseline Intensive Care lotion.

Channel Islands agent

Vitabiotics Ltd, 1 Beresford Avenue, Wembley, Middlesex, have appointed Messrs Lidgett Proprietaries of Jersey as sole agents for their products for the Channel Islands.

Two cigars free

Two free Manikin cigars is the latest offer from Beecham Proprietaries, Brentford, Middlesex, on tubs of Brylcreem hair-dressing.

on TV next week

Ln — London; M — Midland; Lc — Lancashire; Y — Yorkshire; Sc — Scotland; WW — Wales and West; So — South; NE — North-east; A — Anglia; U — Ulster; We — Westward; B — Border; G — Gramplan; E — Eireann; CI — Channel Islands.

Alberto Balsam shampoo and conditioner:

All except B, CI

Beecham powders: All except WW, We, E, CI

Beecham powders range: WW, We, CI

Beecham powders & Hot Lemon: All except WW, We, E, CI

Bright & Beautiful tissues: All except E

British Cod Liver Oils: M, Lc, Y, NE

Buttercup syrup: M, Lc, Y, NE, B

Close-up: All areas

Complan: All areas

Galloways: Ln, So, A

Milk of Magnesia tablets: All areas

Oil of Ulay: Y, NE

Poli Grip: Ln, M, Sc, So, A

Ralgex: M, Sc, So, We, B

Rennie tablets: All areas

Ribena: All except WW

Super Poli Grip: Y, NE

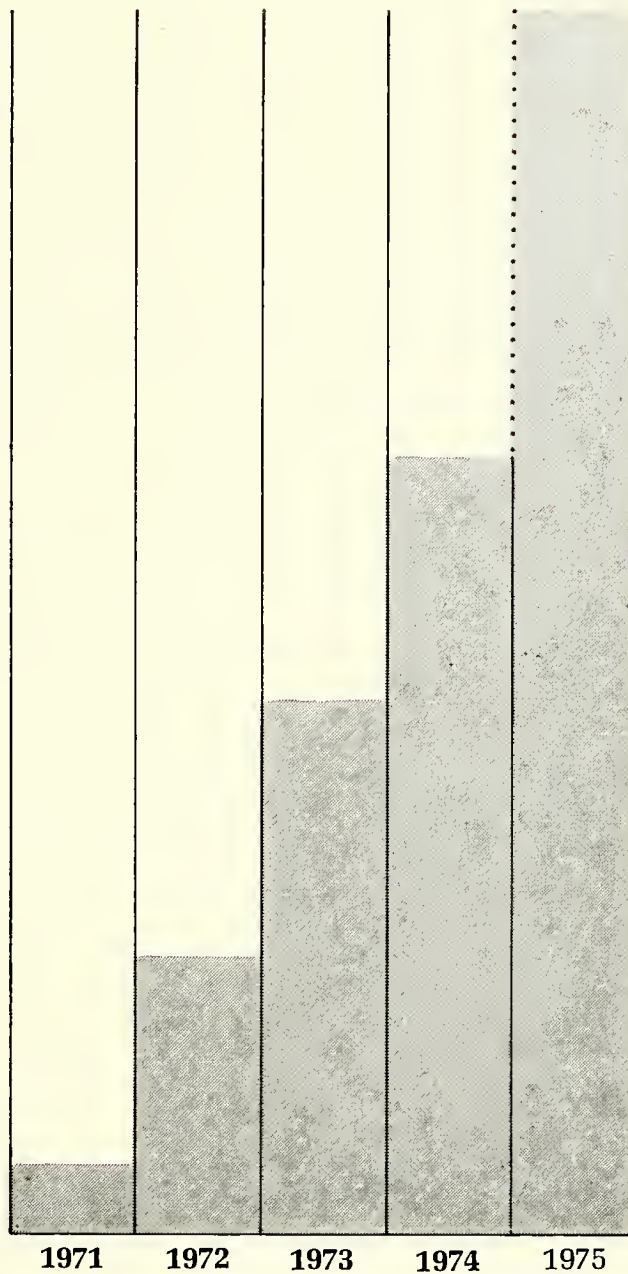
TCP: All areas

Venos cough mixture: All areas

Vichy skin care range: Ln

Over the last
four years
ASILONE sales have
increased by 72.4%

NEW
ASILONE for Infants
will go
the same way



ASILONE for Infants[®]

is intended for the treatment of
wind pains, "gripes",
and regurgitation
in infants.

Trade price of 100 ml bottles - £0.37.
Full information is available on request.
ASILONE is a registered trade mark.



Berk Pharmaceuticals Limited,
Station Road, Shalford, Surrey, England.



"It does the work of six salesmen (and never asks for a raise)."

Roy Davis,
Jago & Jago,
Wadebridge,
Cornwall.

With over 100 up-to-the-minute styles and colours to choose from, a Polaroid sunglass merchandiser can be the best salesman you've ever had.

And it's yours at no additional cost.

Just take your choice:

Our 36 unit counter stand.

72 unit floor stand.

Or 144 unit floor stand.

Each one will put Polaroid sunglasses within easy reach of your customers.

And reach they will.

Our frames are designed by leading fashion talents in 14 different countries.

Prices range from £1.87 on up to £14.00 (so there's a price for almost everyone).

And of course there's the main reason people buy Polaroid sunglasses in the first place:

Our special filters that block out up to 99% of reflected glare. And absorb up to 96% of ultra-violet light.

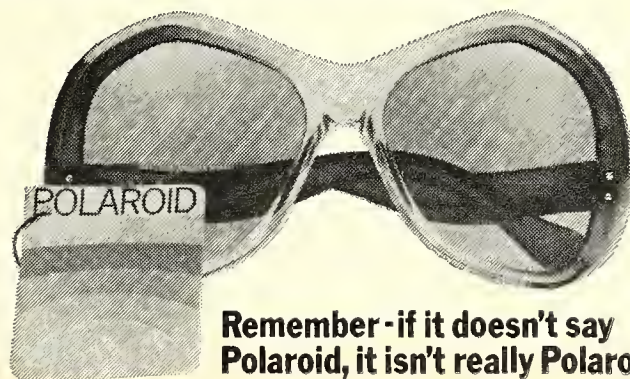
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Cut out this voucher
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This voucher will be redeemed at its face value of 3p by Cuticura Laboratories Ltd., Coupon Redemption Dept. WH, Maidenhead, Berks., provided that it has been accepted as part-payment for a bar of Cuticura Mildly Medicated Soap; and no other goods whatever.

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Cuticura Laboratories Ltd, Maidenhead, Berks.

Professional News

Pharmaceutical Society of Northern Ireland

Management knowledge to be required before registration?

A call was made at the January Council meeting of the Pharmaceutical Society of Northern Ireland that applicants for registration should satisfy the Council of their knowledge of business and professional management.

Moving a motion to that effect, Mr T. G. Eakin said it was asking too much of a graduate who had completed but one year of practical training and registered as a pharmaceutical chemist to manage a pharmacy. He felt the degree course should include management training.

Professor D'Arcy said, if included in the degree course, the training given would have to be up to university standard. It was not possible at the moment to introduce additional studies into the curriculum. While he had some sympathy with the motion he felt the training must be given at the postgraduate stage. Mr J. Kerr said he, too, had some sympathy with the intention behind the motion. He wondered if it would be desirable to require a graduate to spend a further year in a general service pharmacy before allowing him to manage a pharmacy. During that year he could acquire training in business management.

Mr T. T. O'Rourke said they all appreciated the need for such training. He proposed that the motion should be withdrawn to allow inquiries to be made about the possibility of arranging a course. A report could be made to the Education Committee and a recommendation then submitted to the Council.

Mr O'Rourke's proposal was carried and the original motion lost.

The president, Mrs C. B. A. Watson, extended a warm welcome to Professor R. Grigg, professor of organic chemistry at the Queen's University of Belfast, and Mr J. H. Galbraith, new members attending their first Council meeting.

Mrs Watson said that at the last meeting the Council had elected four members to be Fellows of the Society. One of the members, Mr W. S. Hall, had died suddenly on December 27. Those present stood in silence as a token of respect. In reply to a question, Mrs Watson said Mr Hall had been informed by letter of the honour conferred upon him. He had received the letter on December 23.

Joint meeting

Mrs Watson said the Society was indebted to Roche Products Ltd who had sponsored the meeting with members of the Northern Ireland Faculty of the Royal College of General Practitioners the previous evening (see this page). The secretary was instructed to convey the Council's thanks to Mr N. D. Hall, MPS, the company's regional manager in Northern Ireland.

Several members said the meeting with

the medical practitioners had been invaluable. Both professions had had their problems and frustrations but remedies were likely to be forthcoming if joint discussions took place. Mr J. A. Boyle said he would like to see some positive steps being taken immediately. In his view the meeting had been a step in the right direction and should be followed by "concrete action".

Professor D'Arcy said he was extremely pleased with the discussion at the meeting. He wondered if a subcommittee could be appointed to prepare a plan which could be discussed with their medical colleagues at a day study group. After discussion it was agreed to hold a special meeting of the Council on February 6 to consider the matter in detail.

The reports to the Finance and Law Committees were adopted. It was agreed to obtain the services of a valuer to assess the annual rent to be charged for the use of certain accommodation in the Society's house.

Benevolent Fund accounts

Mr Boyle, treasurer of the Northern Ireland Chemists' Benevolent Fund, presented the Fund's accounts for the year ended December 31, 1974. He drew attention to a legacy of £100 received from the estate of the late Mr J. A. McRoberts and to the sum of £88.57 received from the Association of Phar-

macist Representatives. A donation of £25.00 was also received from the Associates' Section of the Ulster Chemists' Association. The president's appeal brought in just over £1,352 and the interest from investments amounted to £832.

Grants totalled £985 and there was an excess of income over expenditure of £1,480.23. Investments at cost were £13,559.44 but the market value was only £10,142.00. The Fund's total assets amounted to £14,232.08. Mr Boyle said that until he became involved personally he had no idea of the good work carried out by the committee. He thought the opportunity should be taken at meetings to give some publicity to the fund.

Mrs Watson agreed, in her experience the committee treated each case coming before them in a generous manner. Visits and advice were needed in some cases rather than financial help. Where an applicant was receiving national assistance great care had to be taken or the applicant's grant could be reduced.

Mr G. E. McIlhagger said he had for some years served on the committee as a representative of the Associates' Section. The names of those who received assistance from the fund were never disclosed but he thought that some reference of a general nature might be made to the work of the fund's committee as Mr Boyle had suggested. The income during the past year was higher than usual and was unlikely to be maintained next year.

He thought the members (approximately 1,050) were to be congratulated in donating the sum of £1,352 as a result of the president's appeal. When the Society assumed responsibility for the fund some twenty-four years ago the assets did not exceed a few hundred pounds. The intention at that time was to build the fund up so that grants could be met out of the income from investments; while that happy position had not yet been reached it was, he trusted, not too far away.

Pharmacist's advice to patients quantified by NI survey

One in ten prescribed medicines require extra advice to be given to the patient by the pharmacist — this fact emerged from the results of the General Practice Survey of Pharmacy in Northern Ireland carried out during the winter 1973-74.

A joint meeting of the Pharmaceutical Society of Northern Ireland and the Northern Ireland Faculty of the Royal College of General Practitioners recently discussed primary medical care and the pharmacist. Professor P. F. D'Arcy, professor of pharmacy, Queen's University, Belfast, summarised the results of the survey:—Some 167 pharmacists dispensed 33,265 script items during a collective total of 495 days; dispensing these items involved giving advice on 3,052 occasions above and beyond their contractual duties — thus 1 in 10 prescribed items required such extra advice.

Apart from NHS dispensing, 172 pharmacists were asked for treatment by 3,500 patients in the same period of time; of these 2,600 patients were recommended specific treatment, 1,470 were advised to

consult their doctors, 190 were given reassurance, 70 were advised to have dental treatment, 40 were sent to hospital casualty (and in some cases actually taken by the pharmacist), 10 were advised to visit an optician and 10 to visit a chiropodist. The latter data was assessed from a 10 per cent random sample of the survey forms returned. Treatment and advice were not mutually exclusive.

Such data, if projected to cover the whole of the general practice pharmacies in the Province, would mean that pharmacists had a total of 134,340 non-NHS patient contacts during a period in which the doctors estimated to have prescribed for approximately 647,662 patients. Thus for that period the rates of patient contact in primary medical care for consultation were doctors five, pharmacists one.

During the same period 161 pharmacists sold a total of 7,825 over-the-counter medicines; 5,726 items were sold direct, 1,452 were sold only after questioning the

Continued on p 140

NI meeting

continued from p 139

patient, 421 items were substituted as more suitable and efficacious medication and sale was refused on 226 occasions.

Professor D'Arcy emphasised that the results of the survey clearly showed that the pharmacist was actively participating in primary medical care in the community and that future prequalification and post-qualification training should be designed to equip him better to undertake such a role. In particular the student should have more contact with doctors and patients in the community and, where possible, his studies should be integrated along with those of the medical student: integrated pharmacy, pharmacology and therapeutics was the key to such a programme of training. After qualification, refresher courses in integrated pharmacy, pharmacology and therapeutics were vital.

Mr J. Kerr, a Council member of the Pharmaceutical Society of Northern Ireland, said the pharmacists contract differed little from that offered to him when the National Insurance Act was first introduced. He was paid as it were for time and materials. He instanced the circumstances involved in providing a Part 4 service which were time consuming and for which the pharmacist received no remuneration. The pharmacist was very much involved in primary medical care and was available for advice at regular times. Not only did he reduce the work load of the medical practitioners but also deterred patients from self-medication when the occasion demanded. There was no-one else who gave the patient the advice sought other than the doctor.

Professor W. G. Irwin, Professor of general practice, Queen's University, Belfast, and Dr C. Ritchie, spoke in appreciative terms of the help given to them and to the public by pharmacists. The view was expressed that if pharmacists did not exist they would have to be invented.

UCA Associates' Section promised backing

The Ulster Chemists' Association Executive Committee has promised any assistance within its powers to keep the Association's Associates' Section in existence and make it a viable group. The potential membership of the group is estimated to be in the region of 1,000, but recently the Section proposed disbanding (*C&D*, November 16, 1974, p 688).

At its January meeting, the UCA Executive proposed to introduce an "Employees' News" into the Association's monthly circular, with the intention of promoting and informing of the aims and activities of the Associates' Section. It would include information on a possible study course for dispensing assistants in retail, hospital or health centres leading to a qualification entitling them to a higher grade than shop assistants, and those defined by the National Joint Industrial Council for retail pharmacy.

Open Shop

by E. C. Tenner

How old is too old?

I see there is to be launched a campaign for democratic pharmacy by members from Lincolnshire. One of their aims seems to be to remove those members of Council who are "eligible for State pension". Mr Graham Walker (*C&D*, January 25) writes "I fail to appreciate how men who qualified in the early 1920's can really have much left to contribute to pharmaceutical politics in 1975."

Age is a very arbitrary standard, for not all who have reached "pensionable age" have lost their vision. Many are aware of the problems besetting pharmacy and have a vision of pharmacy which would satisfy their severest critics. Not all old men "dream dreams" nor do all young men "see visions". It is not the prerogative of the young alone to guide pharmacy. We need a mixture of cool experience and vision—an experience which tells you what is possible and, of course, we need idealism tempered with practicability.

My vision

We shall be receiving shortly election manifestos outlining what candidates will attempt to achieve if elected to Council. I treat these with reservations, for I do not need to be reminded of what pharmacy ought to be. I know! For I hope I have vision despite approaching the pensionable age. The difficult part is to achieve these ideals and in the frustration which inevitably will ensue, keep that vision and patiently work towards these ends. We cannot do without elder statesmen, nor can we afford not to have young energetic members. I judge a candidate on his past service if he is seeking re-election, and a young candidate on his vision.

Whatever some may think about the state of the profession today with all its problems, in my 40 years experience I can honestly say that pharmacy is in a much better position than in the 1930's. From those dismal days of the depression and economic problems, we have come a long way. Mr S. Blum writes that general practice pharmacy is "fighting for its life". I do not consider I am fighting for my life, and I am not one of those pharmacists who has a pharmacy with a turnover of £50,000 plus. I once heard a pharmacist say "Pharmacy has been good to me". I endorse that statement—pharmacy has been good to me, particularly since 1948. The size of one's net income is not the yardstick to measure job satisfaction. There is respect and appreciation which we enjoy from most of the people.

It appears to me that this upsurge of action to awaken chemists from their apathy has been given impetus by the recent "Care" controversy and the judgment of the Statutory Committee, coupled with the recent pay offer. I have the feeling that if these two items had been resolved to the satisfaction of Mr Walker and his colleagues, their campaign would not have materialised.

Job satisfaction and the state of the profession seem to be equated with income only. I appreciate that income is a vital factor and that all is not well. I too, have a vision that the pharmacist's duties shall be recompensed adequately and I shall work towards that end.

Negotiation

This brings me to my final point. How best can it be achieved? I have not been persuaded that the VTO organised by ICML is the answer and I am one of those who found the advertising in question abhorrent, and fully endorse the Statutory Committee's finding. I am not satisfied with the offer of the Department of Health, but I do not condemn the Chemist Contractors Committee and am appalled at the call for sanctions. The sanction to be imposed by the Wiltshire area chemists contractors is ludicrous. It will achieve nothing. There is only one way—patient negotiation armed with irrefutable facts.

The NHS share of turnover is now 49 per cent. To me this is very welcome news despite the inadequacy of the pay. This alone indicates that a substantial part of our time is doing the work for which we have been trained. What about the other 51 per cent. In all the discussions of the viability of pharmacies, scant mention has been made of the part OTC medicines play. The emphasis seems to be always on the loss of sales of toiletries to the supermarkets. It would be interesting to find out what percentage of sales of medicines, prescription and OTC, is transacted by wholesalers against their sales of toiletries. I think it will be high.

Professional sales

Is it not time we looked at the return we obtain from the sale of OTC medicines? In these days of inflationary costs, is a return of 50 per cent enough? I am coming to the conclusion that it is not. This figure of 50 per cent has been with us a long time. Here we have an opportunity to increase our profits with the resultant likelihood of viability being achieved. To me, the sale of medicine is just as professional as dispensing prescriptions.

HAEMORRHOIDS and PRURITUS

Now!
**A totally new concept
in home treatment
brings fast relief
through cooling foam**

A major advance from Cuticura Laboratories

Solasil

First-ever medicated foam treatment for Haemorrhoids and Pruritus



HAEMORRHOIDS AND PRURITUS

New foam Treatment brings fast, clean relief

SOLASIL is a totally fresh approach to the home treatment of haemorrhoids. The medicaments are carried in a rich, penetrating saponaceous foam, obtained from just a few drops of Solasil liquid on the special soft sponge enclosed with each pack.

SOLASIL brings quick relief from itching and pain. It helps to shrink the swelling and assist healing. And it does all this without any of the discomfort, messiness or embarrassment of traditional ointments or suppositories. With **SOLASIL**, nothing need touch the affected area except cool, soothing foam from the soft sponge—easy and pleasant to apply as part of the normal toilet routine.



On-going care – realistic price

Most traditional products offer only a few days supply; but each pack of **SOLASIL** encourages systematic follow-up treatment after the first quick relief by giving approximately 14 days supply in each pack—realistically priced at 67p.

BIG NATIONAL ADVERTISING STARTS APRIL

Over 150 powerful advertisements—reaching millions of sufferers again and again through:

SUNDAY EXPRESS. DAILY MAIL.
SUNDAY MIRROR. SUNDAY POST.
NEWS OF THE WORLD. SUN.
SUNDAY PEOPLE. DAILY MIRROR.

For a priority visit from your Cuticura representative, contact:
Cuticura Laboratories Ltd,
Maidenhead, Berks.

Cuticura Laboratories Ltd are proud to be associated with an entirely new product – **SOLASIL** – designed to relieve haemorrhoids cleanly, effectively, and in a more pleasant and civilised manner than ever before.

Research shows that 50% of all people over the age of 50 suffer, at some time and in some form, from haemorrhoids; and the total number may be as high as 7 million.

Haemorrhoids, whether inside or outside the anus, are basically veins that have become swollen. Itching and pain are caused by inflammation, irritation and, sometimes, by infection. Constipation, an excessively sedentary life (and its opposite, too much standing around) are just three of the many factors that have been claimed to predispose to haemorrhoids. But whatever the cause, the condition is far more unpleasant than most non-sufferers can imagine. At the least, it can be a highly embarrassing irritation: at the worst, the pain can be exquisite.

Any attempt to alleviate this suffering should count as a serious and worthwhile endeavour. Unfortunately, sufferers have to contend not only with severe discomfort, but also with widespread ignorance – their own and other people's – at any rate from non medical persons, making it difficult to seek or obtain sympathy and understanding. In addition, many individuals find considerable drawbacks in the traditional treatments with ointments and suppositories.

A needed innovation

SOLASIL is an important breakthrough. It is *not* an ointment – so it cannot soil clothes or cause the unpleasant slippery feeling that sometimes annoys ointment users. Neither is it a suppository – so there can be none of the awkwardness, embarrassment or actual discomfort of insertion.

Instead, the user simply dampens a small applicator sponge (included in the **SOLASIL** pack), squeezes on to it a few drops of **SOLASIL** liquid, works up a small amount of foam, and gently pats this onto the affected area. This is done as part of the normal toilet routine – on rising, before retiring for the night, and after any bowel movement. The medicated foam gives painless but thorough penetration, carrying the medicaments efficiently to the affected parts.

Formulation

The active ingredients in **SOLASIL** are liquid extract of Hamamelis Virginiana, Oleum Amygdalae, Zinc Oxide, Camphor and Menthol. This will be recognised as a sound, traditional formulation of well-known astringents, soothing and protective agents. The whole point of **SOLASIL** is to use these well-tried, proven medicaments in a new way, so as to maximise their effectiveness and to make their application as pleasant and trouble-free as possible.

Hence, the new product's most important innovative features are the vehicle and the presentation.

Foam was chosen as by far the most appropriate vehicle. Any sufferer from haemorrhoids will confirm that the affected parts can be highly painful and tender to touch. Any method of treatment would be welcome if it could avoid the necessity of touching the affected area with any hard or semi-hard object – such as a finger, a solid applicator or a nozzle. Foam is thus an ideal means of preventing pain in application.

A further requirement was for the foam to dry quickly. Users of **SOLASIL** are recommended to let the foam dry naturally if at all possible. Drying is, in fact, very rapid; and even if it should not be completed, there is no risk of the foam staining the clothing.

Presentation

Equal care has been taken with the presentation of **SOLASIL** to chemists and their customers.

SOLASIL liquid is packed in a 20 ml. bottle. This, together with the necessary applicator sponges contained in a hygienic resealable polythene bag, is enclosed in a carton specially designed to convey a clean, clinical and unfussily professional image.

The quantity of liquid is important. If used at the recommended rate for three applications per day, the supply should last for some 14 days. It is well known that most haemorrhoid sufferers discontinue treatment immediately on obtaining relief; and accordingly, most traditional remedies pack between 3 and 7 days supply. **SOLASIL** does indeed give rapid relief – but on-going care is considered so desirable that the 14 days supply has been provided expressly to encourage it.

Acceptance

Trials in general practice have been highly encouraging; and market research has shown very high potential acceptance among haemorrhoid sufferers, who recognise the retail price of 67p as good value for a pack offering 14 days supply.

SOLASIL, therefore, comes into a highly important market as the first really major new approach for nearly 30 years – with excellent effectiveness; and a clean, pleasant method of application will attract wide acceptance.

A discreet but prominent display of **SOLASIL** will of course help minimise any customer embarrassment and maximise sales.

SOLASIL will be launched to the public in April and the initial advertising campaign will use over 150 advertisements intensively in the Sunday Express, Sunday Mirror, Sunday People, News of the World, Daily Mirror, Sun, Daily Mail and Sunday Post, with repeated impacts on nearly all Britain's haemorrhoid sufferers.

Return to the Islands

by A. G. Mervyn Madge FPS, FIPharmM

Under the title "An Odyssey of Islands" Mr Madge described in *C&D*, June 15, 1974, p 764 how he found the position of pharmacy in a number of islands in the West Indies. Here he deals with other islands from which he recently returned

Seven days out from Southampton and braving a mid-Atlantic force 10 gale with a freak wave of 120ft we reached the Bahamas. San Salvador on the outer fringe of islands was the first land discovered by Columbus on his voyage of discovery in 1492. There are about 3,000 islands cays and rocks extending for about 760 miles from off Florida to near Haiti but only 22 are inhabited. Though Andros (1,600 sq miles) is the largest, the most important is New Providence (60 sq miles) where more than half the total population resides; here is the capital Nassau.

Nassau, originally called Charles Towne until destroyed and rebuilt, takes its name from William III and was originally settled in 1647 by the English. At one time a favourite haunt of pirates it is now firmly wedded to tourism especially from the United States, the currency being linked to the US dollar.

The 14 pharmacies are of good standard with open display and self-selection. Dispensing is private though there is a government welfare scheme. Prescription pricing is based on cost plus 50 per cent. Qualification is achieved after five years apprenticeship supplemented by lectures and passing a local examination. For a degree it is necessary to go to the US.

After one day's sailing from Nassau the deep water harbour at Port Everglades is reached. An outward and visible sign to the traveller that he is approaching the US is the removal on the ship of fruit to conform with that

country's regulations. Port Lauderdale, more commonly known locally as Port Liquordale, is the entry to Miami.

Lauderdale runs into Miami and South Beach the home of countless numbers of retired persons. To look after the population's health there is the group practice system of doctors at the "Medical Hall" or "Centre" and the pharmacist proclaiming "Prescription Specialist", "Open 24 Hours", "Drive in Pharmacy", etc. Additionally there is at one place a large advertising sign (about 50ft long and 15ft wide) by the roadway announcing "What price I charge my mother for drugs I charge you".

Curacao

Curaçao (178½ sq miles) has a population of 144,000 and is the largest in the two Netherland Antilles groups, the one lying between Puerto Rico and Antigua, the other between 15 and 38 miles from the Venezuelan coast. One of the popular tourist sights in Curaçao is the floating fruit market along the harbour wall where produce is sold from Venezuelan boats. Surprisingly the famous Curaçao drink is no longer made on the island but imported.

The inhabitants of the island are of varied descent and embrace about 50 nationalities. The climate is healthy because of the cool trade winds and the 360 sunshine days a year. With the scanty rainfall and rocky nature of the soil, vegetation is scarce and water is distilled from the sea.

In 1954 the Netherland Antilles became autonomous, leading to the formation of the "Kingdom of the Netherlands" embracing three equal partners Holland, Surinam and the Netherland Antilles. Each handles its own internal affairs leaving foreign affairs and defence to the "Kingdom". Each has its own government and a legislative Council chosen every four years by free election.

To qualify as a pharmacist it is necessary to travel to Holland and study at a university in the same way as Dutch students, and on qualifying becoming a member of the Royal Dutch Pharmaceutical Society. Formerly qualification could be obtained on the island when travel was difficult and a "home" standard was all that was required. Travelling to Holland to study is expensive and with a shortage of pharmacists in Curaçao, discussion is proceeding to allow study in the University of Colombia and also Caracas. The lack of pharmacists has led to a Canadian pharmacist being allowed to open in the island of Bonaire. Curaçao born pharmacists have the right to open a pharmacy but any one else must obtain permission.



Mr Hollander, a leading citizen of Curacao, outside his pharmacy (Biotica Popular), in Willemstad

Dispensing assistants, similar to Holland are registered after serving in a pharmacy for two years with local study and passing a State examining body comprising two pharmacists, two doctors and one dentist. These assistants are allowed to run the pharmacy in the absence of the pharmacist, who must be available by phone; the pharmacies are open from 8am to 7pm six days a week. Staff work a 5-day-week. Should the pharmacist be away for a long period such as a visit to Holland permission must be obtained from the Health Department and the nearest pharmacist is responsible for keeping a "fatherly eye" on the business and dispensary.

Willemstad, the capital, is divided by water into two sections and in each section every night a pharmacist is on call by sleeping on the premises. Rotas are arranged on a nightly basis and not weekly as in the UK. It also applies for holidays as well.

There is a yearly inspection of records by an inspector from the Health Department to verify the quantities bought and dispensed of the controlled drugs. The charge for private dispensing is cost price plus 50 per cent. For the health service it is cost plus 25 per cent plus container. However, an urgent request has been made for an increase.

For staff earning less than 8,000 guilders a year the employers make a contribution to the government insurance scheme for sickness and injury. This entitles free consultation with the doctor and free medicine, the prescription for which can be taken to any pharmacy. Persons earning over this limit must pay. The "pill" is free on prescription. Pharmacists nominally can only own one pharmacy but there has been latterly some opening of pharmacies by persons employing a pharmacist but the position is being watched.

In the UK all business people moan about the control and fixing of prices.



Entrance to a pharmacy in a suburb of Nassau, capital of the Bahamas



Bay Street, the main shopping street of Nassau now firmly wedded to tourism [photo courtesy Bahamas Tourist Office]

In Curaçao it has gone one stage further. Not only is the maximum price fixed the price must be stated on every unit and there is inspection by government inspector to examine and check against the government list.

There are 16 pharmacies in Curaçao and 20 pharmacists. These form a voluntary body — the Curaçao Pharmaceutical Association for social meetings and general discussion of pharmacy problems. It also acts as the negotiating body in discussions with the government. Curaçao will achieve complete independence in 1980; the last Dutch person to hold the office of Governor was in 1959.

The island has two general hospitals one with 700 beds the other 150. Hygiene requirements in Curaçao are strict, all food handlers are required to be examined several times a year to prevent contamination of food.

One of the leading pharmacists, Mr J. A. Hollander, holds a very important position. He is one of five financial controllers of the islands who decide the budget and allocation of finance for public expenditure. There is a free ferry linking the two sections of Willemstad for the public. Perhaps the idea may commend itself to some of our planners.

A day's sailing away is the Virgin Islands (US group) one of the popular holiday areas of the US and one of the loveliest. Here are blue seas and sky, white sandy beaches, clear water and palm trees.

Beautiful except for the heavy hand of Yankee officialdom or imperialism enforced to show the British that there is no "special relationship". On the day we arrived the immigration authority decided there could be no landing until a new form was filled in by everybody. "No milk of human kindness" to the paraplegics in invalid chairs who had set out by launch to the shore a mile away — just ruthlessly sent back to fill in this form. The other passengers after waiting two hours were then required to complete the form, be checked by US im-

migration officials against passports, and as a final insult, be checked at the gangway by a uniformed DETENTION officer. Such was the welcome. All trips had to be cancelled except a visit to the main town, Charlotte Amalie.

U.S. Virgin Islands

The US Virgin Islands, about 50 islands and cays of which only three are inhabited, are the western group of a chain lying between the eastern end of the Greater Antilles and the northern end of the Lesser Antilles separating the Atlantic Ocean from the Caribbean Sea. The inhabited islands are St Croix, St John and St Thomas the administrative centre which has a population of 32,000 of whom 85 per cent are coloured. The main industry is now tourism. The weather is warm all the year round with low humidity due to the trade winds and a gentle 5-minute shower each day. However recently the heaviest rainfall since 1917 was experienced leading to much damage. Charlotte Amalie has seven pharmacies which cater for the three islands. After studying at the College of the Virgin Islands the pharmacy student proceeds to a school of pharmacy in any of the States of the US. Four years of study and success at the examination leads to the degree. A year of practical tuition takes place during the course by part time or vocational experience in a pharmacy. It must be remembered that not all the States reciprocate with one another. However a temporary licence can be secured for a period of 12 months after which it is necessary to pass the State board for permanent practice. An annual retention fee of \$10 to practise is always paid to the State where qualified and a card similar in size to our Access card is carried by the pharmacist and when required to do so must produce it to show that his fees have been paid.

In the Virgin Islands there is no standard for space or equipment, etc but the periodic inspection by the State or

Federal inspector automatically ensures that a good standard is maintained. In fact the inspector apart from seeing that all regulations are obeyed and keeping a tight check on controlled drugs, etc has power to condemn out of date or deteriorated drug stock.

In the shop area there are the usual magazines, novelties, wines and spirits, cosmetics etc. Dispensing is private and the charge is calculated according to the following scale:— Less than $\frac{1}{4}$ container used, 175 per cent on cost; $\frac{1}{4}$ to less than $\frac{1}{2}$, 145 per cent on cost; $\frac{1}{2}$ to whole, 115 per cent on cost; a full container or original pack, 90 per cent on cost; for compound mixtures, cost of ingredients plus container, add 100 per cent, plus time of pharmacist at \$15 per hour.

There is a welfare scheme to provide free medicine to the poorer sections of the community. Many pharmacists in the UK will remember a few years ago the Ministry of Health proposed the pricing of NHS prescriptions by the pharmacist in order to charge a certain proportion to the patient and making use of an operation similar to the Diner Card to record.

This system using this type of card is actually practised in the pharmacies in Charlotte Amalie, the Islands capital, after the pharmacist has priced a welfare prescription.

The hours of business are from 9-6.30pm on six days a week and staff work on a shift system. For Sundays and holidays the pharmacies take it in turn to open 10-5pm. Unqualified dispensing staff are trained by the pharmacist and work under his supervision. Doctors do not dispense in the urban areas but frequently supply medicines in rural areas although not supposed to.

It must be remembered that dispensing is private and has not the complications of a national health service. Company chemists are not banned and in fact one company owns several pharmacies. Holidays are calculated on the basis of one week per year of service up to maximum of four years; sick leave is at $\frac{1}{3}$ of a day per month.

To sum up, in all the Bahamas, West Indies, and Caribbean area one pharmaceutical problem is evident, namely how to face and plan progress to modern comprehensive pharmacy. The old system of the apprentice eventually stepping into the master's shoes was sufficient as was a local examination when travel and communications were difficult. Today that pattern is doomed. The next stage is the degree from a University but where? The former European Colonial powers? Too far and too expensive except for a few pioneers. With the links severed on reaching independence new links will be formed with the Universities in the adjacent United States and S. American countries if pharmacy is to continue and a shortage of pharmacists prevented. There does seem a glimmer of a move to area consultation amongst the islands. No doubt eventually this could be extended to region.

Closer links are needed and some system of reciprocity. There is a great need for advancement and unity of pharmacy despite the varying stages of evolution of the profession in these beautiful islands.

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Pharmacia

Bristol Branch, National Pharmaceutical Union

'Corporate intransigence'—the limit of sanctions?

Mr R. G. Worby, a member of the NPU Executive, Central NHS (Chemist Contractors) Committee and until recently (see p 123) the JIC employers' side, spoke out last week in support of the "small pharmacy" proprietor — and the way his affairs are being managed by representatives of bigger business. The following references to the new NHS contract are taken from Mr Worby's address to Bristol NPU Branch, in which he also attacked statements by Mr G. Urwin

Since 1964, when the cry was "let the cash go to the chap who is doing the job," the balance of remuneration has been biased in favour of the larger contractor, said Mr Worby, and the imbalance starves the small pharmacy to death — at a rate of 250 per annum.

Should that matter to the large contractor? Yes, Mr Worby suggested, picturing a situation in which the number and distribution of pharmacies equates roughly with the growing number and distribution of health centres. "What arguments are we then to put forward in favour of the continuation of general practice pharmacy? Care for the old, the sick, the young mums in their own locality? No more." The public would not even feel the pain of the change from large multi-staffed pharmacy departments in the rear of a super-store to a hospital-type pharmacy in the same building as the doctor.

Neither would professional pharmacy notice the change, having itself withdrawn the community service — nationalisation could be effected "at a stroke". Mr Worby asked his audience: "Is that the future you see for general practice pharmacy? It is not my idea of the culmination of the efforts and aspirations of generations of apothecaries and subsequently pharmacists".

Scheme delayed

What should be done? Mr Worby reviewed the protracted progress of the "small pharmacies scheme", which would have been six years in the pipeline (counting his own resolution to the 1969 Branch Representatives meeting as the starting point) when it came before the forthcoming "new contract" conference. The contract proposals had the same basic origin as when North-east London LPC "launched a campaign and, through the invaluable co-operation of C&D, held also a referendum in support of a new tripartite contract — and although the structure is now quintapartite the basic theory behind the new contract is very similar to that which we were then propounding.

"At this stage, at least, the Central Committee has kept the question simple. You cannot devise a complex scheme by referendum — especially amongst such specialists in detail as pharmacists. It is a simple concept you are asked to consider and approve, a contract remunerated, if not initially globally negotiated, under five

distinct headings — premises allowance, basic practice allowance, ancillary and locum allowance, oncost and professional fee.

Having explained the function of each heading, Mr Worby set out to answer why they were necessary and whether they would bring an increase in overall remuneration.

"The answer to the first question is that the present contract is so complex and tangled (even the professional fee containing part of the cleaner's wages) that not only is it incomprehensible to many whose livelihood depends upon it, but it is extremely difficult to negotiate logically without becoming bogged down in statistics and indices. In short it lacks comparability.

Two stages

"To the second, the answer is no and yes (not yes and no). It would be counterproductive to endeavour to establish a new contractual system and an increase in yield over the previous system as a single operation. Besides which, the global sum is not essentially linked to all the constituent factors — it is somewhat artificially applied. Therefore I anticipate that the total sum payable under the new contract would initially at least be that negotiable under the previous system and that the overall sum would then be allocated, as appropriate to the realistic and specific headings of the new contract.

"It is from this point onwards that the values so allocated can be more effectively negotiated and updated and compared with other professions, with industry etc, so that not only can we ensure that we get our fair share of reimbursement and profit (a somewhat emotive word) but all our members should be able to see that they are getting it.

"The balance sheet principle may well still have a useful application as an overall indicator in an operation as sensitive to external influences as our own (ie changes in prescription charges etc). It is as much a safeguard in times of falling throughput as it is a scourge in times of rising throughput and resultant increased productivity. Its effect, however, should be limited to fee and oncost whilst the basic practice allowance will act as a stabilising influence upon its overall effect."

What should be done now? Mr Worby said the answer was simple. "Support the small pharmacies scheme, support the

new contract, support the Central Committee in its approach to the Department, even to the extent of acts of corporate intransigence, not 'industrial action', if and when the Central Committee find such action necessary in order to impress upon the Department that urgent action is necessary. I do not for one moment expect that the DHSS would press us to the point when your Central Committee would request physical withdrawal from contract — although precautionary signatures on contractual notice might well be requested.

"If that were done — and I would trust we could rely upon your support — it would never be lightly used or indiscriminately applied. For if anyone amongst you believes that, even if pharmacists would all 'withdraw their services' — and I myself would not wish to belong to a profession that would be willing to ignore the safety of the patient to this extent — if you believe that if pharmacists did withdraw in this way we could 'bring the Government to its knees' then — you're living in a fools' paradise.

"And as for Mr Urwin's boast that 'we could cause chaos' if he had his wish to be 'organised into a controlled response by a Union negotiator' — that is not a result I would ever wish to achieve. Whether Mr Urwin wishes to believe it or not — and he is already on record as wishing to 'lay the small pharmacies scheme to rest' — I can assure you the Central Committee as a whole takes a far more responsible view.

Mr Worby concluded that if resignations were submitted it would be

- To release pharmacists from contractual obligation and thus give demonstrable and publicisable freedom to disrupt the smooth flow of service and co-operation with the Department.

- To permit the organisation of carefully controlled and timed closures in order to gain the necessary public awareness of just grievance, and their support in putting pressure on the Government to redress that grievance.

"Anyone with a grain of sense knows that in a profession such as ours (we are not miners, and we deal in life-saving drugs, not coal) one of the most vital factors in any such "industrial action" would be to ensure that 'chaos' did not ensue and that the innocent patient was not endangered or caused to suffer at all."

Post Scripts

Sweet Pickles

Undaunted by the size of competition the small manufacturing firm of J. Pickles & Sons, Knaresborough, Yorkshire, is planning to launch into the exotic world of men's toiletries. The head of the company, 65-year-old Stanley Horner says he is not unduly worried about the prospects though he's not yet entirely happy about the aroma of his after-shave stick. To quote a press release he says: "That's a problem his chief chemist, Mr Jeff Miller, is currently trying to sniff out an answer to".

Letters

Employee association: Boots pharmacists' aims

A meeting of the Joint Boots Pharmacists' Association was held in Birmingham on January 19. We feel at this time that it is important to restate our aims and objectives to ensure that they are not misunderstood. They are:

□ To promote the professional interests of member associations and to secure adequate representation within the Pharmaceutical Society for general practice employee pharmacists.

□ The advancement of pharmacy, with particular regard to general practice employee pharmacists.

□ To provide a means of communication between employee pharmacists within the Boots Company and to outside organisations of a similar nature.

We have two immediate priorities:— To encourage the formation within the Boots Company of pharmacists' associations in those areas not already so represented and to improve our communications with other general practice employee pharmacists with a view to forming a national association to ensure adequate representation within the Pharmaceutical Society.

We envisage that a number of employee pharmacists will be standing as candidates in the forthcoming Council elections and we urge all employee pharmacists to take a more active part in local branch affairs and develop more interest in pharmaceutical affairs.

Progress is being maintained in communicating with other groups of employee pharmacists and we will be holding local meetings in the major centres of population with these groups in February. We have received considerable support in our efforts to form a "National Association of General Practice Employee Pharmacists" and we are convinced that employee pharmacists can make a significant contribution in pharmaceutical affairs once we have achieved adequate and effective representation.

K. V. Mortimer
Publicity officer JBPA
Eynsham, Oxford

Mr Walker's 'nerve'

I am pleased for Mr Walker's sake that he has had invitations to Branch meetings, and I urge him to accept. At every one, he will find others of his outlook. Generally they sit at the back, and if they are not moaning about what they get for their £14 retention fee, they get on to the "persecution and officiousness" of the Society's inspectors. These are the characters who believe that the only contact between the Society and the people who own it is a demand for fees and a visit of the inspectorate—your words, Mr Walker, not mine. And this from a

man who has the nerve to accuse the Council of being out of touch.

Let me spell some of it out for Mr Walker. You do not *own* the Society, you *are* the Society. Your problem is that you are stuck with a code of ethics which your colleagues put together as being a guide to conduct befitting a profession. All the Ethics Committee does is to hold a mirror up and show you yourself. If you don't like the Ethics Committee reminding you occasionally of your own standards, and if you are dead set on the idea of a VTO providing competitive prices for hairsprays and deodorants, join Mae, or Vivo, or Wavy Line.

Mr Walker finds it difficult to refute the statement that representative pharmacy faces its biggest crisis since the war. Listening to gossip again Mr Walker? After all, when the war finished you were only three years old.

I'm sorry but I am not impressed by Mr Walker, his bandwagon, or those who are trying to get on it. The wagon creaks, we have heard the band before, and your followers seem to dispense only clichés.

No doubt we need new blood on the Council, but in this above all, let us be fussy.

Michael Millward
Enfield, Middlesex

In defence of inspectors

A scarcely veiled criticism of the Society's inspectorate is implicit in the "Case against the Council (Letters, January 25, p107). The demand for fees and the visit of the inspector are held alike as unwelcome to say the least.

As chairman of the Law Committee of the Council I have come to appreciate greatly the work done by our inspectors in advising the members, for they know our problems.

Whether you agree or not you might ask yourself if you would prefer the "Government inspector". If you don't like what you see concerning the Council by all means seek to change the present form—the procedure is democratic.

Enid Lucas-Smith
Langley, Bucks

Charity?

Only this morning did I read the letter headed Appeal (January 25). Within an hour I was informed that Allan J. Marks (Chemists) Ltd were to be added again to the North Yorkshire pharmaceutical list. The small town involved has had four contractors for many years and bearing in mind the viability of the impending situation I rang a colleague and discovered that there is a group surgery of four doctors (half the total in the town) at 4 Park Street. And guess what? Mr Marks new address is 2 Park Street.

Don't talk to me of charity, Mr Marks, when you show none whatsoever to your professional colleagues.

I would have liked to have written a venomous letter in anger about leap-frogging, but I remind myself that I happen to be secretary of the North Yorkshire Area Chemist Contractors Committee and can only write of your insurgence from the west with sorrow.

A. David Rhodes
Scarborough

Plagiarism?

McGonagall was a Scottish poet who wrote easily the worst doggerel and because of this has received everlasting fame. We strongly deprecate Mr Urwin reproducing his style without due acknowledgement.

Scottish Nationalist

Coming events

Monday, February 3

East Metropolitan Branch, Pharmaceutical Society, Churchill room, Wanstead Library, Spratt Hall Road, Wanstead, London E11 at 8 pm. Dr J. B. Harse on "Can justice miscarry".

Stockport Branch, Pharmaceutical Society, Alma Lodge Hotel, Stockport, at 8 pm. Dr J. M. Frisch on "Adverse reactions to drugs—and the problems associated with them".

West Metropolitan Branch, Pharmaceutical Society, Chelsea College, Manresa Road, London SW3, at 7.30 pm. M. D. S. Nunn (principal pharmacist, Department of Health and Social Security) on "Appliances and dressings of the Drug Tariff".

Tuesday, February 4

Derbyshire Branch, National Pharmaceutical Union, Midland Hotel, Derby, at 7.45 pm. Speaker Mr D. Royce.

Lanarkshire Branch, Pharmaceutical Society, Nurses' recreation hall Strathclyde Hospital, Motherwell, at 7.30 pm. Student night.

Teesside Branch, Pharmaceutical Society, The Ladle, Ladgate Lane, Middlesbrough, at 7.45 pm. Mr H. Johnson on "The work of a customs officer in Cleveland".

Wednesday, February 5

Crawley, Horsham and Reigate Branch, Pharmaceutical Society, Civic Hall, Crawley, at 7.30pm. Chairman's evening with address by Mr C. C. B. Stevens (president, Pharmaceutical Society).

Romford Branch, Pharmaceutical Society, County Hall, Chelmsford, Essex. Joint meeting with Colchester and Southend branches. Speaker Dr T. D. Whittet (chief pharmacist, Department of Health and Social Security).

Sheffield Branch, Pharmaceutical Society, Royal Victoria Hotel, Sheffield, at 8 pm. Dr F. Fish on "Science and crime detection".

Socialist Medical Association, House of Commons, London SW1, at 7 pm. Meeting on "Private practice in the NHS". Chairman Mrs Renee Short MP.

Thursday, February 6

Brighton and Hove Branch, National Pharmaceutical Union, Langford's Hotel, Hove, at 8pm. Mr J. C. N. Wilford on "Nationalisation of pharmacy (as in Sweden)".

Huddersfield Branch, Pharmaceutical Society, Postgraduate medical centre, Huddersfield Royal Infirmary, at 8 pm. Speaker Dr A. M. Barlow.

South-east Metropolitan Branch, Pharmaceutical Society, Cobbs Restaurant, Sydenham, at 8 pm. Dinner and dance

Advance information

Society of Cosmetic Chemists. Symposium on "A sensory approach to cosmetic science", Hotel Piccadilly, Manchester, April 7-9. Details from the Society's general secretary, 56 Kingsway, London WC2B 6DX.

Border Region, Pharmaceutical Society. Postgraduate course on "Recent advances in pharmaceutical sciences, in particular preparations acting on the eye and on the urinary tract," School of Pharmacy, The Polytechnic, Sunderland SR1 3SD, April 13-18. Details from head of School of Pharmacy.

Pharmaceutical Society and London Branch, Guild of Hospital Pharmacists. Professor P. Turner on "Man as his own experimental animal", The Pharmaceutical Society, 17 Bloomsbury Square, London WC1A 2NN, February 27 at 7 pm.

South-east England Region. Refresher course on "Physiology and pharmacology of the gastrointestinal system", Varley Hall, Coldean Lane, Brighton, April 7-10 and September 9-12. Details from Dr R. W. Daisley, Department of Pharmacy, Brighton Polytechnic, Lewes Road, Moulscumb, Brighton BN2 4GJ.

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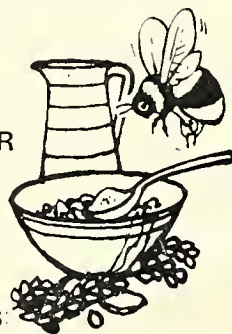
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Company News

Laporte buy Girvan factory

Laporte Industries Ltd announce that they have purchased the Girvan pharmaceutical factory, formally owned by United Overseas Pharmaceuticals (London) Ltd, now in liquidation. At the creditor's meeting of United Overseas (last week, p111), the receiver mentioned that he was negotiating for the sale of the factory, plant and equipment and was expecting to realise £426,000.

Hickson and Welch pre-tax profit up 13½ per cent

From a turnover of £35.61m in the year ended September 30, 1974, against £28.07m in the previous year, Hickson & Welch (Holdings) Ltd had a profit, before tax and extraordinary items of £4.14m (£3.26m). The chemicals division which includes, among other companies, William Blythe & Co Ltd and Ronsheim & Moore Ltd had a turnover of £21.71m and profit of £3.32m.

The former company had to restrict manufacture during the "three-day week" period, but performed much better than might be expected, states the chairman, Mr T. Harrington, in his annual statement.

On the future, he believes the chemical industry, and particularly Hickson & Welch, "is better equipped than most" to weather any recession in trade resulting from the present economic climate.

Ferro Metal's profit

Against a forecast of £950,000 Ferro Metal & Chemical Corporation Ltd reports pre-tax profits of £935,186 for the year ended September 30, 1974 (previous year £280,000).

Turnover was up £1.6m at £11.81m. Recommended dividend for the year is 3.685p (£2.57p).

Ferro Metal is controlled by Greg-Gary International of New York having raised its equity holdings to 38.6 per cent following an all-out offer at 50p a share. This however met opposition from holders of 235,000 shares (against the Greg-Gary 722,000 total) who decided not to accept. Greg-Gary is a wholly-owned offshoot of Satra Corporation of New York.

Roche ask Crown for documents

Hoffmann-La Roche have issued a notice of motion to be heard in the High Court next Tuesday asking for an order that the Crown should produce documents relating to the suit against Mr Wedgwood Benn, Secretary of State for Industry, in which the group is seeking to invali-

date the order to cut prices of their Librium and Valium.

A notice of motion has also been issued against the Monopolies Commission.

The Crown, through the Treasury Solicitor, has claimed privilege on the grounds of public interest on the bulk of its documents. These include inter-departmental memoranda and correspondence between the Monopolies Commission and the Department of Industry.

Roche will ask the judge to exercise his discretion to examine the documents to see whether the Crown claim is valid.

Stiefel engage sales team

Stiefel Laboratories (UK) Ltd (subsidiary of Stiefel Laboratories Inc, New York), who have marketed a range of dermatological preparations in the UK since 1963. Since that time, members of the office-based marketing team have been responsible for face to face contact with pharmacists and doctors. Now the company have appointed their first group of representatives.

They include: Dennis Cowell (to cover Glasgow), Gina Davies (Birmingham), Selwyn Williams (Manchester), John Leon (North London), Martin Hill (South London) and Dennis Simpson (Liverpool). Keith Burnett is northern sales manager and David Jefferis, UK marketing manager.

Unichem in Scotland

Independent retail pharmacists travelled through blizzard conditions last week to attend Unichem's first open meeting in Scotland since starting depot operations north of the border. Mr A. G. Bannerman explained how his business had benefited from membership and discussed the society's system of rebates. The chairman, Tom Reid, said afterwards that the response to the meetings in Glasgow and Edinburgh the following evening at which 100 pharmacists and their assistants attended, made the society even more confident of its potential in Scotland. At the Edinburgh meeting local pharmacy owner, Theo Johnson, stressed the enthusiasm that he had found throughout the organisation.

H. Bronnley & Sons Ltd manufacture over 72 varieties of soap at their Brackley, Northants, two factories. In the packaging area shown here, 60 purpose-built work benches have been built from frameworks of Dexion Speedframe square tube. The benches are placed either side of two Dexion Autoflow level belt conveyors which carry packed goods to the store and loading area. The soap is exported to 63 countries

Briefly

Radiol Chemicals Ltd: Guy Moser, export director, leaves Great Britain on February 9 for another overseas tour. He will visit South Africa, Australia, New Zealand, Hong Kong and Singapore, spending between a week and ten days in each of the markets.

Gillette Industries Ltd: Empress Products, the Manchester-based manufacturer of food wrapping products, acquired by Gillette in October 1974, is expected to account for about a quarter of Gillette consumer business in the UK in 1975, according to Mr D. Coward, Gillette's marketing director.

Appointments

Concept Pharmaceuticals Ltd have appointed Mr J. Mercanton chief executive.

Robinsons & Sons Ltd have appointed Mr P. Rutter, marketing manager for their Paddi range of baby products.

Scholl (UK) Ltd have appointed Mr G. White their marketing manager. Mr White joined the company in 1966 and after several years work in the sales operation, he became product group manager for foot-care products in 1972.

Polaroid Corporation, Cambridge, Mass, USA, have nominated William J. McCune jun, their president and chief operating officer. Dr Land will remain chairman of the board and director of research and will act as the company's chief executive officer.

Bristol-Myers Ltd have made the following changes in their marketing department:— In addition to her current responsibility as group public relations manager, Susan Hart is promoted to Clairol creative manager; Anthony Goldwyn assumes a newly-created position of Clairol special promotions manager; promoted to group product manager, Clairol retail products, is John Allan; David LaMoir is promoted to product manager for hair colourants. Changes in the company's products division include:— Gerry Beddall to marketing manager with additional responsibility for the new products programme; Adrian Bourne to group product manager.



The soap is exported to 63 countries

Market News

MORE CHEMICALS UP

London, January 29: Once again it was the pharmaceutical chemical sector which continued to reflect the present inflationary climate. Marked up were gallic, pyrogallic and tannic acids, sodium thiosulphate and a number of iron salts. Sorbitol was also dearer.

Among crude drugs, on the other hand, price movements were mainly downward. Lower were Peru balsam, Madagascar cloves, Cochin ginger, henbane, menthol and pepper. Cascara was up on the spot reflecting the difficulty in getting supplies from origin.

Several essential oils were weak. Mysore cut the rate for sandalwood and business was done on the spot at £40 per kg before it moved up to £45. In the previous week the value was £60. Thus in a few months the oil has depreciated 50 per cent.

Pharmaceutical chemicals

Borax: BP grades, 2-4 ton lots per metric ton, in paper bags delivered — granular £115; crystals £159; powder £128; extra fine powder £133. Technical grades less £30.00 per ton for British materials.

Boric acid: BP grades per metric ton in 2-4 ton lots—granular £152; crystals £213; powder £169; extra-fine powder £174; in paper bags, carriage paid. Technical is £30.00 per 1,000 kg less than BP grades for British material.

Dapsone: £4.00 to £6.00 per kg.

Dexamethasone: From £3.50 to £3.80 per g.

Gallic acid: BPC in 1,000-kg lots £2.95 kg.

Iodine: Resublimed £3,284.10 per metric ton in 250-kg lots.

Iron and ammonium citrate: (Per metric ton). Granules £903; scales £990.

Iron ammonium sulphate: 100-kg lots, £255 per metric ton.

Iron phosphate: 50-kg lots £553.80 metric ton.

Magnesium dihydrogen phosphate: £0.9612 kg in 50-kg lots.

Magnesium peroxide: 50-kg lots 23-25 per cent £0.59 kg.

Magnesium sulphate: BP from £65.00 metric ton; commercial £58.00.

Oestradiol benzoate: £600-£750 per kg.

Potassium citrate: Granular from £556 to £804 per metric ton, single delivery. Premium for powder £11.

Pyrogallic acid: Pure in 500-kg lots £7.08 kg.

Sodium acid phosphate: BP crystals £0.633 kg for 50-kg.

Sodium benzoate: BP in 500 kg lots £0.3969 kg.

Sodium bicarbonate: BP £39.76 per 1,000 kg minimum 10-metric ton lots delivered UK.

Sodium carbonate: Anhydrous £132 metric ton.

Sodium chloride: In 10-ton lots £10.07 metric ton ex works.

Sodium citrate: From £496 to £650 per metric ton as to maker. Premium for powder £11.

Sodium fluoride: BP keg in 50-kg lots £1.0212 kg.

Sodium hydroxide: Pellets BP 1958 in 50-kg lots, £0.61 kg; sticks (BP 1958) £1.38 kg for 50 kg.

Sodium nitrite: BPC 1963 50-kg lots £0.6574 kg.

Sodium pantothenate: kg £7.50; 5-kg £6.50.

Sodium perborate: (per 1,000 kg)—monohydrate £285—tetrahydrate £167.

Sodium percarbonate: (per metric ton) £170.75.

Sodium potassium tartrate: Nominal.

Sorbitol: Powder £397.50 metric ton; syrup £172.00.

Sodium sulphate: BP crystals per metric ton £72.50; commercial £26.85.

Sodium sulphite: Crystals (50-kg) £0.125 kg.

Sodium thiosulphate: Photo' grade £112.75 metric ton; commercial £107.25.

Sorbitol: Powder £440.50 metric ton in 250-kg lots; syrup 1-ton £200.

Tannic acid: BP in 500-kg lots, fluffy £2.80 kg, powder £2.77.

Testosterone: £200-£300 kg; propionate £230-£330.

Crude drugs

Balsams: (kg) Canada: £18.00 cif, **Copaiba:** BPC £2.35 spot; £2.15, cif. **Peru:** £8.00 spot; £7.30, cif (March-April). **Tolu:** £3.60 spot.

Cardamoms: (per lb cif) Alleppy greens No. 1 £2.00; prime seeds £1.75.

Cascara: £1,110 metric ton spot, £980, cif.

Chillies: Nigerian funtua £375 ton, cif; Zanzibar £630, cif.

Cloves: (Per ton, cif)—Ceylon £2,860; Madagascar £2,390, Zanzibar £2,450 nominal.

Cochineal: Spot. Peruvian silver-grey £14.00 kg; Tenerife black £21.00, cif; silver-grey £15.00, cif.

Ginger: (ton, cif) Cochin £495, Sierra Leone not quoted, Nigerian split £520, peeled £670.

Henbane: Niger £1.20 kg spot; £1.05, cif.

Liquorice root: Chinese £250 metric ton afloat £240, cif. Russian £260 spot; £220 cif (May-June). Block juice £1.50 kg. Spray-dried powder £1.45 kg spot.

Menthol: Brazilian £14.50 kg spot, £14.00 cif. Chinese £22.00 spot; from £18.25, cif.

Pepper: (ton cif) Sarawak black £730 (April-May), white £875 (prompt).

Seeds: (ton) Anise: China Star unselected £725 cif. **Caraway:** Dutch £365, cif. **Celery:** Indian £375, cif. **Coriander:** Moroccan for shipment £120, cif. **Cumin:** Indian £750, cif. **Dill:** Indian £215, cif. **Fennel:** Indian (prompt shipment) £445, cif. **Fenugreek:** £110, cif. **Mustard:** £320-£340 spot.

Turmeric: £280 metric ton spot and cif.

Essential oils

Camphor white: £1.80 kg spot £1.70, cif.

Cedarwood: Chinese £1.25 kg spot and cif.

Cinnamon: Ceylon leaf £2.20 spot; £2.00, cif. English distilled bark £180 kg.

Citronella: Ceylon £1.85 kg spot, £1.48, cif.

Clove: Madagascar leaf £2.75 kg cif.

Juniper: Imported £25.00 kg.

Peppermint: (kg) Arvensis Brazilian £5.85 spot; £5.50, cif. Chinese £7.50 spot; £7.75 cif. American piperata from £18.00.

Sandalwood: Mysore spot and cif, £45.00 kg.

Spearmint: Chinese £6.25 kg spot and cif. American £10.00 spot.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press but it should be noted that in the present state of the markets quotations change frequently.

Aidex

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D. G. HALL
District Secretary

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The Trustees are also prepared to consider applications for financial assistance, beyond the scope of an employer's responsibilities, with education or training in general or special subjects, including music and the arts.

For additional information, or to apply for assistance, write to:

The Secretary, Dept CD
The Triangle Trust 1949 Fund
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